

SUBCONTRACTOR/VENDOR SETUP FORM

NOTE: This form is a requirement of doing business with our company. Failure to return a fully completed form within three days of request may result in withheld payments. See page 2 for remittance instructions.

GENERAL COMPANY INFORMATION:

Legal Company Name		Phone		Fax	
Address		City		State	Zip
Remittance Address		City		State	Zip
Accounts Receivable Contact Name		Accounts Receivable Direct Phone		Accounts Receivable Email Address	
State Contractor Registration #	State Tax ID # (UBI/Reg. ID)	State Unemployment Account #	State Workers' Compensation #		
List ALL states in which you are licensed to do business:		How long have you been in business?			
DBA Name		Parent Company			
Company Federal Tax Classification (check appropriate box and attach completed W-9)					
Individual/Sole Proprietor		C Corporation		S Corporation	
Partnership		Trust/Estate			
Limited Liability Company → If LLC, enter the tax classification here: _____ (C=C Corp., S=S Corp., P=Partnership)					
→ If applicable, enter holding company name here: _____					
Business Enterprise Type (check appropriate box and attach certification document issued by certifying agency)					
MBE (Minority)		SBE (Small)		VBE (Veteran)	
DBE (Disadvantaged)		WBE (Women)			
Bonding Company		Bonding Contact Name		Bonding Contact Phone/Email	
Has bankruptcy ever been filed?		If yes, where?		Date Filed & Case #	
Yes No					

COMPANY OFFICERS/PARTNERS/PRINCIPALS:

Name	Title	Years of Service
Name	Title	Years of Service

BANKING REFERENCES:

Bank Name	Address	Account #
Contact	Title	Phone/Email

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TRADE INFORMATION: Complete applicable section(s) for your company's trade.

SECTION A - VENDOR/MATERIAL SUPPLIER INFORMATION

Describe what you expect to provide:	Check applicable boxes below:		
	Distributor	Fabricator	Other _____

SECTION B - SUBCONTRACTOR INFORMATION

Scopes Bid	CSI Division Code	Check applicable boxes below: Subcontracted Self-Performed
Scopes Bid	CSI Division Code	Check applicable boxes below: Subcontracted Self-Performed

OTHER COMPANY INFORMATION:

1. Provide projected total revenue for current year and actual total revenue for each of the previous three years:

Current: _____ Previous: _____ Previous: _____ Previous: _____

2. If your company or any of its owners, officers or major shareholders has ever petitioned for bankruptcy, been terminated on a contract or failed to complete work awarded, please explain below:

3. If your company or any of its owners, officers or major shareholders are currently involved in any arbitration or litigation or have any outstanding judgments or claims against it, please explain below:

4. Provide Workers' Compensation Experience Modification Rate (EMR) for three most recent years:

20____: _____ 20____: _____ 20____: _____

OSHA 300 Information:	Current Year	Previous Year	Previous Year
Total Number of Recordable Claims			
Total Number of Lost Time Injuries			
Total Number of Employees			
Total Number of Worker Hours			
Total Number of Fatalities			

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.

X _____
(Authorized Signature)

BY: _____
(Print or Type)

TITLE: _____

DATE: _____

IMPORTANT INFORMATION REGARDING SUBMISSION OF THIS COMPLETED FORM:

This completed form **MUST** be accompanied by the following documents:

- W-9 Form
- Business License (copy)
- Reseller Permit
- Certification Document (if applicable)

Email completed form AND all required documents listed above to vendorsetup@sierraind.com.