

VENDOR SETUP FORM

NOTE: This Vendor Setup Form is to be completed only at the request of Sierra Construction for accounting/payment setup. This completed form **MUST** be accompanied by the following documents:

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

Failure to return a fully completed form and the required documents within three days of request may result in withheld payments. Email this completed form AND all the required documents to vendorsetup@sierraind.com.

PROJECT SPECIFIC INFORMATION:

Name of Project your Company will be working on or supplying to:	Name of Sierra contact requesting this form:
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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 # (WA UBI/Bus. 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		
Have you worked with Sierra in the past? Yes No		Any previous Company name(s)		
Business Enterprise Type (<i>check appropriate box and attach certification document issued by certifying agency</i>)				
MBE (Minority)		SBE (Small)	VBE (Veteran)	DBE (Disadvantaged)
WBE (Women)				
Bonding Company		Bonding Contact Name		Bonding Contact Phone/Email
Has bankruptcy ever been filed? Yes No		If yes, where?		Date Filed & Case #

COMPANY OFFICERS/PARTNERS/PRINCIPALS:

Name	Title	Years of Service
Name	Title	Years of Service

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BANKING REFERENCES:

Bank Name	Address	Account #
Contact	Title	Phone/Email

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 _____
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SECTION B - SUBCONTRACTOR INFORMATION

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