

VENDOR INFORMATION SHEET

VENDOR NAME: _____

D/B/A (Doing Business As) NAME: _____

VENDOR'S ADDRESS: _____

REMIT TO ADDRESS (IF DIFFERENT) _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

TYPE OF BUSINESS: _____ LABOR PROVIDED? _____ YES _____ NO

DO YOU CARRY GENERAL LIABILITY AND WORKMAN'S COMP INSURANCE: _____ YES _____ NO

DO YOU HOLD A CURRENT BUSINESS LICENSE: _____ YES _____ NO (IF YES, WHAT IS THE NUMBER?: _____)

NUMBER OF EMPLOYEES : _____

FOR BANKS COUNTY ACCOUNTING OFFICE USE ONLY:

_____ APPROVED _____ DECLINED IF APPROVED, VENDOR# : _____

CURRENT CERTIFICATE OF INSURANCE REQUIRED? _____ YES _____ NO (If yes, received? _____)

W-9 and E-Verify received and entered into CSI and Quickbooks? _____ YES _____ NO

CONTRACT INVOLVED? _____ YES _____ NO IF SO, COPY RECEIVED? _____ YES _____ NO

IF CONTRACT INVOLVED, HAS IT BEEN REVIEWED BY CFO AND BANKS COUNTY COUNSEL? _____ YES _____ NO

NOTES: _____

VENDOR SET-UP COMPLETED BY: _____ DATE: _____