



# New Vendor Set-up

Please provide a completed W-9 form and three industry references when submitting a request to be set up as a new vendor. Additionally all new vendors must be able to provide current proof of insurance once a relationship has been established.

## **Company Info**

Company Name \_\_\_\_\_

DbA \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Tax ID No. \_\_\_\_\_

Reason for application \_\_\_\_\_

\_\_\_\_\_

*If billing address differ please provide the billing address below*

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## **Billing Contact Person**

Full Name \_\_\_\_\_

Title \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Landmark Builders of Greeley  
3812 Carson Avenue

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