

VENDOR INFORMATION QUESTIONNAIRE

TO: _____

Please help us update our records.

We are required by the Internal Revenue Service, EDD and our Insurance Company to have certain information on file regarding the status of your company. Please respond to the following questions and return this form to us right away.

Check Type of Business Entity and provide the appropriate information:

- Corporation
- Partnership
- Individual
- Other

Telephone No.: _____

California State Contractors License Number: _____

Federal Tax Identification Number: _____

Social Security Number: _____

- Sole Proprietor

Name of Owner: _____

Doing Business As: _____

Address: _____

Telephone No.: _____

Social Security Number: _____

Employer Identification Number: _____

Please Note: We also need current copies of your Worker's Compensation and Liability Insurance, as well as a signed W-9. We thank you in advance for your attention to this matter.

Signature: _____ Date: _____

Please complete and return to:

