



Vendor Information Form

Please complete the entire document and return to Erika Brown with a copy of your current W-9 via e-mail at ap@waynesroofing.com

Check the box that applies: New Vendor Existing Vendor

Company Name: _____

Phone Number: _____ Fax Number: _____

Company Address: _____

City/State/Zip: _____

Accounting Address (if different): _____

City/State/Zip: _____

Accounts Payable Contact: _____

Accounts Payable E-mail: _____

Accounts Receivable Contact: _____

Accounts Receivable E-mail: _____

Discount terms: _____

Federal Tax ID #: _____ Years in Business: _____ UBI Number: _____

Is your company Incorporated?: _____ Small Business: _____ MWBE Business: _____

Yes Incorporation Date: _____ Yes Yes Certification: _____

No No No

Vendor Signature: _____ Date: _____

**** Please return with a copy of your company's W-9****