

GENERAL INFORMATION

Vendor Legal Name: _____ DBA: _____

Owner Contact: _____

Company Address: _____

Phone: _____ Fax: _____

Email: _____

Project Contact: _____

Phone: _____ Email: _____

If Required

Contractor License #: _____ State Issued: _____

Classification: _____ Exp. Date: _____

Accounts Receivable Contact: _____

Phone: _____ Email: _____

Accounts Receivable Mailing Address: _____

BILLING AND PAYMENTS

All invoices must be received in the office of P4 Construction, LLC by the 25th day of the month. Please submit the following documentation along with this completed form:

- W-9
- Certificate of Insurance

I certify that the above information is correct and complete to the best of my knowledge.

Authorized Signature

Date

Title