

General Vendor Information

This form is required to be filled out prior to becoming a vendor or sub-contractor of Patrick H. Flanigan. If you have any questions please contact: Patrick H. Flanigan - patrick@flaniganassociates.com

Company Name: _____

Bid Contact Name / Phone #: _____ **Email:** _____

Billing Address, City, ST & Zip: _____

Main Phone: _____ **Fax:** _____

Acctg. Contact / Phone: _____ **Email:** _____

Contractor Registration #: _____

Federal Tax ID#: _____

L&I Insurance Account #: _____

Resale Cert #: _____

Years in Business: _____

Is your Company Incorporated:	Small Business:	MWBE Business:
<input type="checkbox"/> Yes Incorporation Date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes Certification: _____
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Type of Work: _____ **Preferred Geographic Area:** _____

CSI Division/Section: _____ **Work Specialty:** _____

What work is typically performed by your firm?

Can you meet our Insurance Requirements? (see attached)
 Yes No

Vendor Signature

Date

****Please sign and return the completed form**

