KALB CONSTRUCTION

VENDOR REQUEST INFORMATION SHEET

Please fill out the information below in its entirety. Attached is our subcontract/vendor blanket agreement, please sign the bottom and remit back with all the required documents. This packet can not be processed until all items listed below have been received.

Vendor Name: _____ Office Phone: _____
Address: _____ Office Fax: _____
_____

Accounting Contact: _____ Estimator's Name: _____
Accounting Phone: _____ Estimator's Phone: _____
Accounting Email: _____ Estimator's Email: _____

Referred to Kalb by: _____ Average Size Job: _____

Does your company belong to a Union: ◯ Yes ◯ No
Union Name _____ Union Contact Name: _____
Phone # _____ Email _____

Contractor License # _____ Bid Limits: $ _____
NSCB Classification: _____ Trade: _____

Employment Security # (ESD) _____ Dept. of Taxation # _____
Business Tax License # _____
Section 3 ◯ **Yes** ◯ **No**

Federal ID Number _____ OR Social Security Number _____
Check One: _____ Corporation _____ Sole Proprietor _____ Partnership

Please give three (3) references below:

Company Name	Contact Name	Phone	Email

The following MUST be submitted to be considered a "Completed Vendor Request Packet"

1. Insurance Certificates and Endorsements
2. Copy of Contractor's License
3. Copy of Business License
4. W-9
5. Signed Subcontract/Vendor Agreement

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