

**NEW VENDOR CONTACT INFORMATION**

**DATE:** \_\_\_\_\_

**VENDOR NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_

**EMERGENCY NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Trade Refs: Name and phone number:**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

**Please fill out and return the W-9 form attached. A copy of your Certificate of Liability Insurance showing both General Liability and Workers Comp. Coverage with Spectrum, Inc. General Contracting as 'Additional insured' is required prior to commencement of Work.**

**Please fax this information ASAP to Accounting: 703-891-7447.  
Mail originals.**

**We pay by Original Invoice only, no faxed copies. Purchase Order numbers are required on all invoices to be paid. Release of Lien Waivers are required with all payments. Check out our website at: [www.spectruminegc.com](http://www.spectruminegc.com) for Invoice and Waiver forms. Using these forms will facilitate faster payment processing. Thank you for your cooperation.**