

## NEW VENDOR CONTACT INFORMATION

*Please fill out and return the W-9 form attached. A copy of your certificate of Liability Insurance showing both General Liability & Workers Compensation Coverage with Spectrum as 'Additional Insured' is required prior to commencement of Work.*

VENDOR NAME:		
ADDRESS:		
CONTACT NAME:		
PHONE NUMBER:		
CELL NUMBER:		
EMAIL:		
TRADE REFERENCES: <i>(Name &amp; Phone)</i>	1.	
	2.	
	3.	

*\*All fields required. Must include purchase order and project number for invoices to be paid.*

*\*Release of Lien waivers are required with all invoices with contracts over \$3,000.*

*\*All emails should be sent to [bills@spectrumincgc.com](mailto:bills@spectrumincgc.com)*

Please visit our website at: [spectrumincgc.com](http://spectrumincgc.com) for invoice and waiver forms. Using these forms will facilitate faster payment processing.  
 Thank you for your cooperation.

Click Here to Submit