

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: (Name & Phone)	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.*

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

Email Estimating@SpectrumIncGC.com with all this information