



Vendor Application Packet

Please complete the following and return via fax or email to our office

- **Business and Contact Information**

Legal Company Name: _____

Mailing Address: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Organization: ___ Corp ___ LLC ___ Part ___ Sole-Prop ___ Other

After Hours Emergency Name: _____ Number: _____

Payables Contact: _____ Ext: _____

Email: _____

Field Contact: _____ Phone: _____

Nextel Number (if available): _____

Email: _____

- **License Information (Must be current/active)**

State Certified License No: _____ Type: _____
State Registered License No: _____ Type: _____
County/Occupational License: _____

- **Scope of Work**

Please list the scope of work you wish to be included in:

- **References**

Subcontractor consents to Morton Construction contacting the following references:

Name: _____ Phone Number: _____

Completed Project: _____

Name: _____ Phone Number: _____

Completed Project: _____

Name: _____ Phone Number: _____

Completed Project: _____

- **Documentation**

Please forward copies of the following:

- Completed W-9
- Certificate of insurance (sample attached). You must comply with all insurance requirements per attachment. Please note that we must be listed as **ADDITIONAL** insured.
- Copies of all licenses held (certified, registered, county)
- Completed Subcontractor General Conditions

- **Payment**

Morton Construction Company processes checks on the 15th of each month. Invoices must be received prior to the 20th of the month for payment on the 15th. Invoices will not be processed until all forms have been completed and forwarded to our office.