



## 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 15<sup>th</sup> of each month. Invoices must be received prior to the 20<sup>th</sup> of the month for payment on the 15<sup>th</sup>. Invoices will not be processed until all forms have been completed and forwarded to our office.