



NEW VENDOR FORM

Legal Company Name: _____ dba: _____
(if applicable)

Physical Address: _____ Mailing Address: _____
(if different than Physical)

City, ST, Zip: _____ City, ST, Zip: _____

Office Phone: _____ Federal Tax ID (EIN): _____

COMMERCIAL CONTRACTORS LICENSE #: _____ STATE: _____ Exp. Date: _____
Commercial License or Endorsement required to work with Centrex

KEY CONTACTS:

	NAME	EMAIL	TITLE	PHONE
Primary/Owner				
Estimating				
Billing				
Safety				

Trade (Primary Scope of Work): _____ CHECK HERE IF YOU HAVE USED PROCORE --

CERTIFICATIONS (COBID/MBE/WBE/SDVBE/ESB, etc.): _____
(if applicable)

Project you are interested in working with us on: _____ or, who is your Centrex contact? _____
(if known)

Sign here acknowledging that you have read and can comply with the Insurance Requirements upon vendor approval and receipt of Contract Documents:

Signature Name Title Date