



New Vendor Onboarding Form

Date: _____

Vendor Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Tax ID Number (EIN): _____

Work Comp _____

Business Address: (and address for payments to be sent)

- Street: _____
- City: _____
- State: _____
- Zip Code: _____

Services/Products Offered:

Required Documents (attach copies):

- W-9 Form
- Business License
- Certificate of Insurance
- Contractors #

Vendor Services Provided Labor Rate _____

5. Describe the Services or Products Offered:

6. Service Area (e.g., local, regional, national): _____

7. Payment terms Net 30 Other

Vendor Signature: _____ Date: _____