



New Vendor Information Sheet

XXX Address and accounting email

Company Information

Business _____

Remittance Address: _____

Phone Number: _____ A/R Contact: _____

A/R Contact Phone #: _____ A/R E-mail: _____

Name: _____

Tax ID Information

Legal Business Name: _____

TIN or Tax ID# : _____

Business Type:

_____ Individual / Sole Proprietor

_____ C Corporation

_____ Partnership

_____ Other _____

* Please Attach a Copy of the current year W-9

Insurance Information

Will any service or labor be performed at the property by your company? Yes _____ No _____

If yes, In accordance with CMS LLC policy, you must carry Workman's Compensation Statutory amount and One Million in General Liability Insurance, **NO** exceptions.

If this policy applies to your organization, please fill out the information below. In addition, a Certificate of Insurance with CMS LLC.as an additional insured must be received by either mail or e-mail directly from the producer.

	Insurer(s) Affording Coverage:	Policy #:	Expiration Date:
General Liability:	_____	_____	_____
Workers Compensation:	_____	_____	_____