



New Vendor Request Form

Request Date: _____

Requested by: _____

Vendor Name: _____

Mailing Address: _____

Physical Address: _____

Contact Information

Name: _____

Phone number: _____ Fax Number: _____

Email Address: _____

Website: _____

What type of items or service will be supplied by this vendor?

Please complete this form and return to the office with a signed copy of the Vendor's W-9 form and a Workman's Compensation certificate of Insurance naming Alvarez Construction, LLC as the additional insured, if applicable. Be sure to include a copy of the social security card/Tax ID # and driver's license/ID at that time.