



Vendor Application Packet

Please complete the following and return via email to our office

- *Business and Contact Information*

Legal Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

Phone: _____ Fax: _____

Type of Organization: Corp LLC Part Sole-Prop Other

Payables Contact: _____ Ext: _____

Email: _____

Field Contact: _____ Phone: _____

Email: _____

After Hours Emergency Name: _____ Number: _____

Email: _____

Is your company M/WBE Owned? Yes No

- *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