



## 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: \_\_\_\_\_

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