

SUBCONTRACTOR/VENDOR INFORMATION FORM

Please complete and return this form with your signed contract or to info@cookbrothersinc.com

CBI Project Name:				
Company (Legal) Name:				
dba or aka				
Company Executive:				This is the person authorized to sign contracts, Purchase and Change Orders
<u>License Number:</u>				Trade:
Name on License				Expires:
State issuing license:			FEIN / Tax ID #	
Division and/or scope				
<u>Mailing Address:</u>				
City, State, Zip				
Phys	ical Address:			
City, State, Zip				
(INCLUDE AREA	Fav			Invitations to Bid will be sent to this FAX
(INCLUDE AREA CODE)		This is the person who handles documents,		
Administrative Contact:				such as insurance, warranties, lien releases Fax:
(INCLUDE AREA CODE) Phone: Email:				rux.
				Invitations to Bid will be sent to this email
Invitation To Bid email:				THALLOUS TO BIG AND DE SEUL TO THIS EMIGN
Accounting Contact:				
(INCLUDE AREA CODE) Phone:				Fax:
Email:				
<u>Project Manager:</u>				
(INCLUDE AREA CODE) Cell:				
Email:				
		ertified as SBE, DBE circle certification design		
Date Print Name & Title			Signature	