



Robinson Brothers Construction, LLC

Vendor Add Profile Form

Business

Unit:

277

Requestor

Date:

**New Vendor Add or
Update: (select one)**

New

Update

Instructions:

This form must be completed in its entirety for all new vendors and subcontractors we are establishing business with. For **Section 2** all required documents for vendors, service providers, and subcontractors must be attached to this form for proper setup and tax verification purposes. At your earliest convenience please fax or e-mail the completed form and documents to:

Section 1 Vendor Information

Vendor Name:

Federal Tax ID:

**Person/Corporation Tax
Classification:**

Payment Terms:

**Mailing/Business
Name**

Physical Address:

Address:

State

City :

Zip Code +4

Country:

Business Phone:

Fax :

Remit To Address: (If different from Corporate Address above - ie PO Box

Note: Please omit Remit To address section if opting-in EFT payment method.

Street:

State

City:

Zip Code +4:

AR Contact Information:

Name:

Phone:

E-mail:

Fax:

Section 2 Required Documents - Form will not be processed without document(s).

Required Documents :

Form W-9 - Required for all vendors - dated and signed.

Form W-8BEN - Foreign vendors, if applicable.

Insurance Certificate - Required for all service providers and subcontractors.

Is vendor a diverse business enterprise? If marked **Yes**, include copy of certification(s) and select a minority classification below.

Minority Vendor Classification:

*Note: Vendor will not be set up for minority reporting without a valid certification attached.

Yes

No

Section 3

Vendor Type and Sub Type

Please select one vendor type and sub type from one of the categories below that best describes your business.

Subcontractors

Fleet/Equipment Suppliers

Material Supplier

Rental Company

Service Provider

Other

Request for Vendor EFT Payment Information Set Up (Please provide a voided check or bank letterhead with this form as support. If not selected, you will receive a check.)

Please Note: We are ONLY setting up payments via EFT, NOT Wire transfer.

Company Name:

Company Contact Name and E-mail:

Name as it Appears on Bank Account:

Bank Account Number:

Bank ABA Routing Number for EFT payment (not wire transfer):

Account Type:

Checking Savings

Bank Name and Address (City, State):

Bank Contact Name and Phone Number:

*Please provide an e-mail address for payment remittances. You will be notified when payments have been made.

Remittance E-mail:

Authorized by Officer/Company Representative: (Print and Sign Name)

Signature:

**Name and
Title:**

**Phone# of Office/
Representative:**

E-mail:

**Authorization
Date:**