



6459 Portal Way
Ferndale, WA 98248
Phone: (360) 384-6200
Fax: (360) 820-6201
info@thefranklincorporation.com

Vendor Information

Vendor Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Fax No: _____

Accounting Contact: _____

Accounting Email Address: _____

Website: _____ Discount Terms: _____

Contractors Lic: _____ UBI No: _____

L & I Acct. No: _____ Federal ID No: _____

Tax Reporting Status: Individual/Sole Proprietor: _____ Corporation: _____ Partnership: _____

LLC: _____ (note tax classification) Disregarded Entity: _____ Corp: _____ Partnership: _____

As applicable, List Names and Addresses of Corporate Officers, Partners, or Owners:

Name _____ Address _____ Phone (____) _____

Name _____ Address _____ Phone (____) _____

Name _____ Address _____ Phone (____) _____

Attach W-9

Certificate of Insurance:

Please have your insurance company fax or mail us a "Certificate of Insurance" naming The Franklin Corporation as the certificate holder and an additional insured. Please have them include any relevant endorsements. Our insurance requires that your limits for Each Occurrence be \$1,000,000 and General Aggregate of \$2,000,000.

Thank you.

Date Completed: _____