

HULCHER SERVICES NEW SUPPLIER REQUEST FORM

Business Address:

Remittance Address:

Name: _____

Name: _____

Address (1): _____

Address (1): _____

Address (2): _____

Address (2): _____

City: _____

City: _____

State: _____

Zip: _____

State: _____

Zip: _____

Contact: _____

Contact: _____

Title: _____

Title: _____

Phone # : _____

Phone # : _____

Fax #: _____

Fax #: _____

Terms of payment: _____

Do you accept credit cards: _____ Yes _____ No

Small Business Enterprise (DBE) _____ Yes _____ No

If Yes: _____ Minority Ownership _____ Woman Ownership

Are you incorporated? _____ Yes _____ No

24-hour Emergency Contact Name & Number: _____

E-Mail Address: _____

As required by federal law certain types of payment(s) in excess of \$600.00 must be reported to the Internal Revenue Service.

In order for us to assign a vendor number, the information above, and a federal tax form W-9 (copy attached) must be completed and signed in full, and returned to Hulcher Services Inc. via fax @ 940/898-9676. Payment cannot be made until a vendor number has been assigned.

The name and taxpayer identification number must be consistent with the information that is submitted to the IRS.