

NEW VENDOR FORM

NAME OF COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

IS VENDOR INCORPORATED? _____ YES _____ NO

TAX ID OR SSN: FEI: ___ - _____ or SSN: ___ - ___ - _____

ALL PURCHASE ORDERS AND SCHEDULES ARE SENT VIA EMAIL.

Be sure you list the email addresses below for each. PO's can be downloaded in Buildertrend.

PLEASE LIST TRADE(S) / Work you will be providing to JNS Contracting Florida, LLC:

CONTACT INFORMATION:

Please provide us with the names and contact info for people who will work with JNS Contracting Florida, LLC:

PRIMARY CONTACT:

Title: _____ e-mail: _____
Phone: _____ Fax: _____ Cell: _____

Who will receive Purchase Orders?

Name: _____ e-mail: _____
Phone: _____ Fax: _____ Cell: _____

Who will receive Scheduling Orders?

Name: _____ e-mail: _____
Phone: _____ Fax: _____ Cell: _____

Who should be contacted regarding Billing?

Name: _____ e-mail: _____
Phone: _____ Fax: _____ Cell: _____

Who should be contacted regarding Warranty items?

Name: _____ e-mail: _____
Phone: _____ Fax: _____ Cell: _____

OTHER CONTACTS:

Name: _____ e-mail: _____
Phone: _____ Fax: _____ Cell: _____
Title: _____

Name: _____ e-mail: _____
Phone: _____ Fax: _____ Cell: _____
Title: _____

Name: _____ e-mail: _____
Phone: _____ Fax: _____ Cell: _____
Title: _____

NOTES: _____

