

**SUBCONTRACTOR & VENDOR INFORMATION UPDATE FORM**

(Please print)

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*Physical Address* *City* *State* *Zip*

\_\_\_\_\_ *City* *State* *Zip*

**CONTACT INFO:** **PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

<u>Name</u>	<u>Title</u>	<u>Email Address</u>
_____	_____	_____
_____	_____	_____

**LICENSURE:**

**State:** \_\_\_\_\_  
**Number:** \_\_\_\_\_

**LIST TRADES:** *Please do not list more than 2 divisions*

<u>Division #</u>	<u>Description</u>
_____	_____
_____	_____

**REQUIREMENTS FOR DATABASE LISTING :**

A copy of your General Liability & Worker's Comp. Insurance / a completed W-9 form / and this completed Subcontractor & Vendor form.

*If ALL THREE items are not received, your company will not be added to our bidders list.*

Do you qualify as a Minority, Women Owned Business (MWBE)? YES or NO

*Please return the requested 3 completed documents to:*

*fax (828) 465-6747*

*or*

*office@matthewsconstruction.com*