



Of North Florida LLC.

LIC#CGC1514978

2332 Dunn Ave. Jacksonville, FL 32218

Phone: (904) 751-0840 Fax: (904) 751-6600

**VENDOR INFORMATION NEEDED**

**Name used to report income to IRS:**

\_\_\_\_\_

**Vendor legal name:**

\_\_\_\_\_

**Company Name:**

\_\_\_\_\_

**Is this business a corporation?**

**Yes**

\_\_\_\_\_

**No**

\_\_\_\_\_

**Federal ID#**

\_\_\_\_\_

**If not corporation - Vendor Social Security Number**

\_\_\_\_\_

**Current mailing address ( include zip code )**

\_\_\_\_\_

\_\_\_\_\_

**Current phone number**

(     )

\_\_\_\_\_

**Current fax number**

(     )

\_\_\_\_\_

\_\_\_\_\_

Copies of Business License I. E. ( Occupational, State, General Contractors, Ect. )

\_\_\_\_\_

Certificate of Liability Insurance ( Minimum \$300,000.00 )

\_\_\_\_\_

Certificate of Workman's Compensation Insurance or Affidavit of exemption.

\_\_\_\_\_

Completed W-9 form.

\_\_\_\_\_

Denote if business is incorporated, joint venture, partner or sole proprietorship.



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**VENDOR TELEPHONE RECORD UPDATE**

**Vendor company name**

\_\_\_\_\_

**Business phone** (     ) \_\_\_\_\_

**Fax number** (     ) \_\_\_\_\_

**Vendor contact person** \_\_\_\_\_

**Cell phone** (     ) \_\_\_\_\_

**Email address** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**Vendor company name**

\_\_\_\_\_

**Business phone** (     ) \_\_\_\_\_

**Fax number** (     ) \_\_\_\_\_

**Vendor contact person** \_\_\_\_\_

**Cell phone** (     ) \_\_\_\_\_

**Email address** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please return completed packets to:  
ATTN: Lien Aleman**

**Office (904) 751-0840  
Fax (904) 751-6600**

**Preferred Builders of N. FL. LLC  
2332 Dunn Ave. Jax, Fl 32218**