



Phone: 586-323-4462 Fax: 586-323-3138

SUBCONTRACTOR / VENDOR INFORMATION FORM

Request for Taxpayer Identification Number & Certificate

Company Name:			
		Zip Code :	
Phone #:	one #: Fax #:		
E-mail address:	Cel	l Phone:	
Web site address:			
Contact Person:			
SS# or Fed I.D. #:			
Local Insurance Agent:			
General Liability Insurance	e Carrier:		
Worker's Compensation Pr	ovider:		
Please check the applicable c	company:		
Corporation:	Partne	rship:	
Sole Proprietorship:	Single	e Member L.L.C.	
Officers Name:			
Officers Signature:			

Please mail form to the address listed above or FAX to (586) 323-3138 as soon as possible

No payments will be released unless this form is received with all requested information along with a copy of your current certificate of general liability & workers compensation insurance showing Cassino Building & Development 42732 Van Dyke Ave., Sterling Heights, MI 48314 as a certificate holder