

## Vendor/Subcontractor Set-up Form

**Please complete and return the questionnaire below along with all applicable attachments.**

Legal Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

DBA Name (If Applicable): \_\_\_\_\_

Physical Address (Mandatory): \_\_\_\_\_

Remit to Address (If Different than Above): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years in Business under Present Name: \_\_\_\_\_

Vendor Type:    Subcontractor    Material Supplier Only    Equipment Rental    Professional Service Provide

**Please provide a copy of the following documents when returning this form:**

1. Company Signer Authorization (Page 2)
2. W-9 (Page 3)
3. Contractor's License(s) or State/Local Business Tax License(s)    N/A

**In addition, please provide the following:**

4. Indicate your EMR for the current year end and two (2) previous years:  
20\_\_ EMR: \_\_\_\_\_   20\_\_ EMR: \_\_\_\_\_   20\_\_ EMR: \_\_\_\_\_
5. DART Rate (Days Away, Restrictions, Transfers) for the current year end and two (2) previous years:  
20\_\_ DART: \_\_\_\_\_   20\_\_ DART: \_\_\_\_\_   20\_\_ DART: \_\_\_\_\_
6. Has your firm failed to complete a contract?    Yes    No
7. Has your firm or any principals ever filed bankruptcy?    Yes    No
8. Does your firm have any judgment, claims or suits pending or outstanding?    Yes    No  
(If Yes, Submit Details on a Separate Sheet)

**If you have any questions or comments, please feel free to contact Foresight at 352-335-6352.**

(Must be placed on your Company Letterhead)

## Company Signer Authorization

The following individuals are authorized to sign all legal documents on behalf of

Company Name of Subcontractor: \_\_\_\_\_

- |    |              |       |                |
|----|--------------|-------|----------------|
| 1. | _____        | _____ | _____          |
|    | Name (Print) | Title | E-mail Address |
| 2. | _____        | _____ | _____          |
|    | Name (Print) | Title | E-mail Address |
| 3. | _____        | _____ | _____          |
|    | Name (Print) | Title | E-mail Address |

**Please note: if more than one authorized signer is listed, all subcontracts and change orders will be issued to the first signer listed.**

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By: \_\_\_\_\_ as: \_\_\_\_\_

for: \_\_\_\_\_

Personally Known or  Provided the following identification: \_\_\_\_\_

Notary: \_\_\_\_\_ Notary Seal:

My Commission Expires: \_\_\_\_\_

