

**VENDOR SETUP FORM/AGREEMENT**



Note: All shaded areas must be completed prior to submission

**Vendor Information**

Vendor Name

Vendor Address 1

Vendor Address 2

City

State

Zip Code

Country (if applicable)

Primary Contact Name

Contact Email Address

Contact Telephone No.

Contact Fax No.

Tax Identification No.

W-9 Attached (Yes/No)

COI(s) Attached (Yes/No)

Remittance Address (if different from above)

City

State

Zip Code

Country (if applicable)

**Vendor / Subcontractor Classification**

(1) Materials / Supplies Vendor Only

(2) Materials & Labor

(3) Labor Only

(4) Professional Services

(5) Other

Vendor / Subcontractor Indicate Classification Number from Listing

Name of Vendor's / Subcontractor's Primary Mitch Cox Companies Contact

**Vendor/Subcontractor Compliance Acknowledgment**

The Company's Vendor Management Program Guidelines are hereby incorporated by reference and as such, the Vendor or Subcontractor agrees to abide by these guidelines and requirements contained therein while in the service as a Vendor or Subcontractor of the "Company". The reference to "Company" is intended to be inclusive of Mitch Cox Construction, Inc. and Cox Property Management, Inc. and Cox Universal Group, Inc.

Type of Business Entity: Corporation, Individual/Sole Proprietor, Partnership, Other

**Authorized Vendor/Subcontractor Signature**

**Date**

**Signator Name (Printed)**

**Internal Use Only**

Date Approved

Approved By