

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)	
Remittance Address (if different from above)	
City	
State	
Zip Code	
County	
Name of Vendor's Primary Contact at "COMPANY"	

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)	

Vendor / Subcontractor Classification (1-5)	Vendor /Subcontractor Indicate Classification Number from Listing (1) Materials/Supplies Vendor Only, (2) Materials Only, (3) Labor Only, (4) Professional Services, (5) Other
State Contractor License #'s	Mandatory Data Field (If not licensed in a state listed, indicate "No License#")
TENNESSE	
VIRGINIA	
NORTH CAROLINA	
SOUTH CAROLINA	

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

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Do you have any insurance
restrictions which excludes
required coverages in TN,
VA, NC or SC. (If so, indicate
State(s) restricted.

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Authorized Vendor/Subcontractor Signature

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Date

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Signator Name (Printed)**Internal Use Only**

Date Approved

Approved By
