



VENDOR MASTER FORM

VENDOR NUMBER

ADD NEW CHANGE DELETE

VENDOR NAME

BILLING P.O. BOX OR STREET ADDRESS

ATTENTION

CITY

STATE

ZIP CODE

S/S NUMBER OR FED ID NUMBER

LICENSEE NUMBER

LIC. NO EFF DATE

CHECK TO REQUEST TAX-EXEMPT CERTIFICATE

A/P TO FOWARD COPY TO TAX DEPT. IF CHECKED

SHIP TO STREET ADDRESS

ATTENTION

SHIP TO CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

PROJECT CONTACT INFORMATION

NAME OF CONTACT

CONTACT'S POSITION

CELL NUMBER

AFTER HOURS EMERGENCY PHONE NUMBER

EMAIL ADDRESS

Area below to be completed by Coast Sign Office

TYPE OF PURCHASE

MFG

INSTALL

PRODUCT

SERVICE

1099 CLASS

VENDOR CLASS

VENDOR TERMS

FORM PREPARED BY

DATE

APPROVED BY

DATE

W-9 AND SMALL BUSINESS FORMS MUST ACCOMPANY VENDOR MASTER

DATE WILL NOT BE ENTERED IN COMPUTER UNTIL APPROVED AND APPROPRIATE CERTIFICATION IS ACCOMPLISHED