



Full/Formal Company Name: _____

Type of Work Performed: _____

Mailing Address: _____

Office Phone Number (s): _____

Fax Number (s): _____

Email Address: _____

Type of Corporation: _____

State of registration: _____

EIN: _____

South Carolina Contractor License Number: _____

SC License Type: _____

Horry County Business License Number: _____

City Business License Number (if applicable): _____

Project Contact Person: _____

Project Contact Mobile Phone Numbers: _____

Project Contact Email Address: _____

Billing/Payment Contact Person: _____

Billing/Payment Contact Person Phone Numbers: _____

Billing/Payment Contact Person Email Address: _____

Insurance Company: _____

Insurance Agent: _____

Insurance Agent Phone Number: _____

Subcontractor/Vendor acknowledges that this form will be used in the preparation of sub contact agreements and/or purchase orders.