



Vendor Contact Information

In order to comply with State and insurance regulations, we are required to collect the following information from contractors before we are able to process payments:

Legal Name _____

Address _____

FEIN or SSN _____

Corporation, S Corp, Partnership, Individual _____

Contact Name _____

Email _____

Office Phone _____

Cell Phone _____

Office Use Only:

____ W9 on file

____ Certificate of Insurance / Affidavit of Insurance Expiration _____

Send to:

Accounts Payable
Better Barns
10735 Private 3320 Dr
Byars, OK 74831

405-783-4309