

We require the following information when setting up a new Subcontractor. This information will only be made accessible to personnel of Marous Brothers Construction's Accounting Department.

FOR OFFICE USE ONLY			
Prequalification Date _____	Approved	Yes	No
Supplier _____	Subcontractor _____	Other _____	Job Name / # _____
MBC Vendor #	Requested By	Entered By	Approved By
[]	[]	[]	[]
	_____	_____	_____
	Date	Date	Date

Company Name _____ **Phone #** _____

Please classify your type of business (i.e., plumbing, drywall, etc.) _____

Billing Contact _____ **Fax #** _____
(Contact)

Email _____ **Website** _____

W9 Required - Please Attach _____ **County** _____
(Applicable to Ohio Companies ONLY)

Are you able to collect Ohio State Sales Tax? (applicable to non-Ohio vendors only) Yes No

Purchasing Contact _____ **E-mail** _____

Purchasing Phone # _____

Purchasing Address _____
Street Address

City State Zip Code

Remit To _____
Payment Address

City State Zip Code

Other

✓	Abbrev	Description of Class/Program	Valid Thru Date	City/State	Entity
	MBE	Minority Business Enterprise			
	FBE	Female Business Enterprise			
	CSB	Cleveland Small Business			
	SECT 3	Low Income Business			
	SBE	Small Business Enterprise			
		Local			
		Local			

