

**Supplier/Subcontractor**  
**Information Sheet**

SBM Management Services LP and affiliates value our supplier and contractor relationships and are continually striving to build and maintain these relationships.

The following information will assist SBM in establishing your company as a preferred supplier or subcontractor.

Upon completion please return to Contractor Safety at [ContractorSafety@sbmcorp.com](mailto:ContractorSafety@sbmcorp.com) or EFax to **1-916-471-0432**

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Company Name: \_\_\_\_\_

Payment remittance address: \_\_\_\_\_

Payment address County: \_\_\_\_\_

Federal ID # or Social Security #: \_\_\_\_\_ Require 1099? Yes \_\_\_\_\_ No \_\_\_\_\_

Accounts receivable contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Female Majority Ownership: Yes \_\_\_ No \_\_\_

Minority Owned Business: Yes \_\_\_ No \_\_\_ If yes, by which entity? \_\_\_\_\_ (SBA, NMSDC, etc.) *If yes, please include a copy of your company's current certificate.*

**The information requested below is for our SBM internal database. Please provide all services your company can provide, with the states/provinces your company can service to allow your company to be searched within our database when services are needed at any SBM account. Please complete all fields completely.**

SBM Site Location Name: \_\_\_\_\_ Services Company can provide (list all): \_\_\_\_\_

Safety Contact Name: \_\_\_\_\_ Sales/Service Contact Name: \_\_\_\_\_

Safety Contact E-Mail: \_\_\_\_\_ Sales/Service Contact E-Mail: \_\_\_\_\_

Safety Contact Phone: \_\_\_\_\_ Sales/Service Contact Phone: \_\_\_\_\_

Company Website: \_\_\_\_\_ State(s) your company can service: \_\_\_\_\_

Company Purchase Order E-Mail: \_\_\_\_\_ *Please provide e-mail address for our system to auto send all SBM Purchase Orders.*

Please list all states that your company reports and remits sales tax:

\_\_\_\_\_  
\_\_\_\_\_

***Signature confirms agreement of all of the above terms and conditions for payment.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_