

# BOSTON WELDING & DESIGN INC.

7 Micro Drive

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E-mail: [mainoffice@bostonwelding.com](mailto:mainoffice@bostonwelding.com)

## NEW VENDOR INFORMATION FORM

### **Directions:**

Please fill in all fields below and mail along with a **signed W-9** to the address listed above.

### **VENDOR PROFILE:**

#### **Vendor Name:** \_\_\_\_\_

#### **Vendor Address:**

#### **Billing Address:** (if different)

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

### **CONTACT INFORMATION:**

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Web Site \_\_\_\_\_

### **INSURANCE INFORMATION** (to be completed by Contractors and service vendors)

	Policy Number	Expiration	Limit(s)
Liability			
Umbrella			
Worker's Comp.			