



Cragin Metals, L.L.C.  
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## NEW VENDOR INFORMATION

VENDOR NAME \_\_\_\_\_

FEDERAL TAX ID NUMBER \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REMITTANCE ADDRESS \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

PAYMENT TERMS/DISCOUNT \_\_\_\_\_

**PLEASE ALSO REMIT THE FOLLOWING:**

- CERTIFICATE OF INSURANCE (Standard "Certificate of Liability" obtained from vendor's insurance company)
- W-9 Form (forms older than 2003 will not be accepted per IRS rules)

*Internal Use Only:*

*Vendor Number:*

*Product/Service Provided:*

*Date:*

*1099: YES or NO*

*Set up by:*

*Confidential: YES or NO*