**Contractor Intake Form**

**1 – Identifying Information**

|  |  |
| --- | --- |
| **A)** Contractor Legal Name: | **B)** DBA or Facility Name: |
| **C)** WA Uniform Business Identifier (UBI) Number: | **D)** Taxpayer Identification Number (TIN): |
| **E)** State Wide Vendor Number (SWV#): |  |

**2 – Contractor Address**

|  |  |
| --- | --- |
| **A)** Number, Street, Apartment/Suite: | |
| **B)** City, State, Zip Code:       , | |
| **C)** Email Address: | **D)** Phone Number:  (     )      - |

**3 – Contractor/Vendor Primary Contact**

|  |  |
| --- | --- |
| **A)** Full Name: | **B)** Job Title: |
| **C)** Email Address: | **D)** Phone Number:  (     )      - |
| Authorized to Sign Contracts?  Yes  No  **If ‘no’ selected – Section Four (4) is REQUIRED** | |

**4 – Contractor/Vendor Primary Signatory**

|  |  |
| --- | --- |
| **A)** Full Name: | **B)** Job Title: |
| **C)** Email Address: | **D)** Phone Number:  (     )      - |

**5 – Additional** **Contractor/Vendor Staff to be Notified**

|  |  |
| --- | --- |
| **A)** Full Name: | **B)** Email Address: |
| **C)** Full Name: | **D)** Email Address: |

**6 – Contract Information**

|  |  |  |
| --- | --- | --- |
| **A)** Contract Number: | **B)** Exact Start Date:  [Date or DOE] | **C)** Exact End Date (this contract/work order/amendment ONLY): |
| **D)** Funding Amount (this contract/work order/amendment ONLY): | | **E)** Funding Amount (ALL amendments included): |
| **F)** Additional Instructions: | | |

Completed By: [Name] Date: [Date]