



**CONTRACTOR/VENDOR DATA SHEET**

Name of Company: \_\_\_\_\_.

Name of Owner: \_\_\_\_\_.

Business Address: \_\_\_\_\_.

City/State/Zip: \_\_\_\_\_.

Work Phone: \_\_\_\_\_ . Home Phone: \_\_\_\_\_.

Email Address: \_\_\_\_\_.

Type of Work: \_\_\_\_\_ . How long: \_\_\_\_\_.

Number of Employees: \_\_\_\_\_.

Office Phone # : \_\_\_\_\_.

Cell Phone # : \_\_\_\_\_.

Pager # : \_\_\_\_\_.

Fax # : \_\_\_\_\_.

**Sub-contractors that regularly do work for you:**

Name	Address	Phone #
_____	_____	_____

_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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**Suppliers you do business with:**

Name	Address	Phone #
_____	_____	_____

_____	_____	_____
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_____	_____	_____
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\_\_\_\_\_.  
Customers you have recently done work for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Federal, State and/or City contracts which you have completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Credit References:

Name	Company Address	Phone #
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_____.	_____.	_____.
_____.	_____.	_____.
_____.	_____.	_____.

Owner's or Officer's Social Security Number: \_\_\_\_\_.

Company Tax ID Number: \_\_\_\_\_.

Contractor License Number: \_\_\_\_\_.

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

Persons authorized to pick up checks:

Name	Social Security Number
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_____.	_____.
_____.	_____.
_____.	_____.

Check mailing address:

\_\_\_\_\_  
Street or PO Box, City, State, Zip Code

**Fax or mail completed form to the Kent County Land Bank Authority:**

**Kent County Land Bank Authority**

**347 S. Division Ave.**

**Grand Rapids, MI 49503**

[www.kclba.org](http://www.kclba.org)

**PH: 616 459-8205**

**FX: 616 459-8208**