

**TEE PEE CORPORATION  
6621 Gulton Court NE  
ALBUQUERQUE, NM 87109**

**SUBCONTRACTOR/SUPPLIER INFORMATION**

Prior to receiving any funds from Tee Pee Corporation, this information sheet must be completely filled out and on file with Tee Pee Corporation at the above address.

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_ FAX NUMBER : \_\_\_\_\_

MOBILE OR OTHER NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

OWNER'S NAME: \_\_\_\_\_  
  LAST  MIDDLE  FIRST

FEDERAL ID # : \_\_\_\_\_  
(OR SOCIAL SECURITY NUMBER IF NONE)

CRS #: \_\_\_\_\_

IS YOUR COMPANY A (circle one): CORPORATION, PARTNERSHIP, SOLE OWNERSHIP  
(IF PARTNERSHIP, LIST ALL PARTNERS ON REVERSE SIDE WITH SOCIAL SECURITY NUMBERS)

DO YOU CARRY GENERAL LIABILITY INSURANCE? \_\_\_\_\_

IF YES, INSURANCE CO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

AGENT'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DO YOU CARRY WORKMAN'S COMPENSATION INSURANCE? \_\_\_\_\_

IF YES, INSURANCE CO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

AGENT'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DO YOU HAVE A CONTRACTOR'S LICENSE? \_\_\_\_\_

IF YES, WHAT STATE? \_\_\_\_\_ LIC # \_\_\_\_\_

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED \_\_\_\_\_  
MUST BE SIGNED BY CORPORATE OFFICER OF CORPORATION, GENERAL PARTNER OF PARTNERSHIP  
OR OWNER OF SOLE OWNERSHIP.