

Contractor's Data Sheet

Company Name: _____

Address: _____

Phone(s): _____

Fax: _____

Email: _____

Contact person: _____

Number of years in business: _____

Have you ever filed bankruptcy? _____

Please list the types of work you do and all licenses, certifications or registrations that you have:

Customer References:

Name *Name* *Name*

Address *Address* *Address*

City, Zip *City, Zip* *City, Zip*

Phone *Phone* *Phone*

Contractor's signature

Please provide proof of insurance coverage and completed IRS form W-9.

Send all documents to:

Nazareth Housing Services
301 Nazareth Way
Pittsburgh PA 15229
phone 412 931 6996 x 6510, fax 412 931 7255
bvandivier@chfmanor.org