



Vendor Prequalification

Welcome to the SilMan Community!

This form is used to pre-qualify your company with SilMan Industries as a quality vendor. The information being provided, including any supporting documentation, will assist in verifying that minimum requirements of all applicable laws and SilMan policies are met, prior to starting the accounting process. Please complete this form in its entirety. Additional information may be requested prior to successful approval.

General Company Information

Date _____

Company Name (incl. DBA) _____

Address _____

Office telephone (main) _____ Fax _____

Primary A/R Contact(s) _____ Phone _____

A/R Dept. contact email _____

Business Structure (Corp, LLC, etc.) _____

Product/Service Type _____

Do you offer delivery services if requested? Yes No

Business License or Seller's Permit numbers _____

Specialty Licenses/Designations/Cert(s) _____

Submittal Items

Please submit the following documents when requested.

Y N/A

		W-9 IRS Form (current Request for Taxpayer Identification Number and Certification)
		Certificate of Liability Insurance (COLI) – (upon request) Name SilMan Industries as Additionally Insured.
		Other (invoice, quotes, terms, etc.)

Comments _____

NOTE: SilMan issued PO numbers are required on each invoice received.

Authorized Agent Name Authorized Agent Signature Date

SilMan Industries Review

Initial Job # & Name _____

Comments _____

Vendor Approved? Yes No

SilMan Review Name SilMan Review Signature Date