

VENDOR/CONTRACTOR INFORMATION FORM

Date: _____

Payee Name: _____

DBA (If different from above): _____

Address (Place of Business): _____

Mailing Address (If different): _____

Contact Person: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Form of Business (Check one):

Sole Proprietorship

Partnership

Corporation

Federal ID Number: _____

or

Social Security Number: _____

Name for above SSN: _____

Contractor License No.: _____

State of Hawaii General Excise Tax License Number: _____