



NEW SUPPLIER/CONTRACTOR INFORMATION FORM

NOTE: *A copy of the Supplier's/Contractor's W-9 Form must be submitted with this form.*

SECTION 1 GENERAL INFORMATION

Legal Business Name: _____

Payment Remit To Address: _____

City, State and Zip Code: _____

Business Address *(if different than Remit To Address):*

City, State and Zip Code:

Telephone No: _____

Fax No: _____

Email Address: _____

Web Address: _____

Federal Tax ID No.

SECTION 2 CONTACT INFORMATION

Primary Contact Name: _____ A/R Contact Name: _____

Primary Email Address: _____ A/R Email Address: _____

Primary Telephone No: _____ A/R Telephone No: _____

SECTION 3 COMPANY PRINCIPALS *(attach separate sheet if necessary)*

Name and Title:

Name and Title:

SECTION 4 ELECTRONIC CAPABILITIES

Can the supplier accept Purchase Orders via email? IF yes, email address: _____

Form Completed By: _____ Title: _____

Please email or fax the completed form to accountspayable@hged.com, 413.552.0392. Thank You!