



New Vendor Set-up Form:

PLEASE ATTACH W-9

1.) **Vendor Name:** _____

2.) **Vendor type:** (Please Select options below)

- a. ____ Local Service (Cleaning Company, Dumpster Service, Vehicle Repair Shop)
- b. ____ Freight Carrier (Transportation Service Companies)- **yes send COI and Cargo Insurance**
- c. ____ Equipment Re-Rent (Local Rental Company for Re-Rent)
- d. ____ Only Parts (Local Parts Company)
- e. ____ Supplies for Resale (Please see question #4 below if Yes)

3.) **Is this a Supply Vendor:** ____ **Yes** ____ **No** – (if YES please specify category)

- a. Examples (Safety, Hand Tools, Power Tools, Environmental, Lifting, Welding, Etc)

Specific category _____

4.) **Is this vendor tax exempt:** ____ **Yes** ____ **No**

5.) **Contact Person:** _____ **Phone:** _____

6.) **Requesting Branch:** _____ **Contact Person:** _____

7.) **Additional Comments:**

Email one of the following for approval and include Accounts Payable payables@crosscountryis.com

Supplies - Trey McCreary (tmccreary@crosscountryis.com)

Fleet - James Busse (jbusse@crosscountryis.com)

APPROVED _____

NOT APPROVED _____

REASON _____