



Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Re: Information package and Certificate of Insurance

In order to establish your company as a vendor, we must have the attached Information Packet completed and returned along with an **original** Certificate of Insurance for Worker's Compensation, General Liability, and Auto.

Please forward this information to our accounting department at your earliest convenience, as payments due you cannot be released until we are in receipt of all forms.

If you have any questions, please do not hesitate to contact us.

Sincerely,

COMPASS CONSTRUCTION, INC.

Accounting Department

Note: forms may be faxed to our accounting department at (239) 542-2748.

**Phone: 239-542-7118**  
Fax: 239-542-8648  
824 Lafayette Street  
Cape Coral, FL 33904-9031

[www.compassconstruction.com](http://www.compassconstruction.com)  
CG C025919

COMPASS CONSTRUCTION, INC.

**SUBCONTRACTOR / SUPPLIER INFORMATION PACKET**

Legal Name and Address:

Phone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_

Corporation (\_\_\_) Partnership (\_\_\_) Individual (\_\_\_)

**If a corporation, state:**

Date of Incorporation: \_\_\_\_\_

State in which incorporated: \_\_\_\_\_

Name and title of principal officers:

Home address / phone #

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Name and title of principal officers:

Home address / phone #

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Name and title of principal officers:

Home address / phone #

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Name and title of principal officers:

Home address / phone #

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

**If a partnership, state:**

Date of Organization: \_\_\_\_\_

Nature of Partnership (general, limited, or association): \_\_\_\_\_

Name of partners:

Home address / phone #

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Name of partners:

Home address / phone #

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Name of partners:

Home address / phone #

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

**If an individual, state:**

Name and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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All businesses to complete the following:

Describe your organization structure, including the number of permanent employees engaged in estimating, expediting, field supervision, labor and manufacture: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address & phone # of principal suppliers: (list 3)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**License numbers: (attached copies of current licenses)**

State: \_\_\_\_\_ Lee County: \_\_\_\_\_ Cape Coral: \_\_\_\_\_

Others: (list) \_\_\_\_\_

Name of license holder: \_\_\_\_\_

Address of license holder: \_\_\_\_\_

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Corporation: Federal Employer's Tax I.D. #: \_\_\_\_\_

Partnership / Individual: Social Security #: \_\_\_\_\_

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Name of person supplying the above information: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

**Accounting Department**  
COMPASS CONSTRUCTION, INC.  
ATTN: ACCOUNTING DEPARTMENT  
824 LAFAYETTE STREET  
CAPE CORAL, FLORIDA 33904

Attachments to be completed and returned with this form:

- Form W-9 – Request for Taxpayer Identification Number and Certification
- Resolution of Corporation – Authority to Execute Waivers of Lien Affidavits

**RESOLUTION OF CORPORATION**

**AUTHORITY TO EXECUTE WAIVERS OF LIEN AFFIDAVITS**

It is hereby RESOLVED, that on the Corporate Meeting held the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Board of Directors elected to authorize the following individuals to act on behalf of the Corporation to execute Waiver of Lien Affidavits with the full authority of the Corporation.

If is further certified that the foregoing power and authority shall continue until written notice of revocation has been delivered to the holder.

NAME OF INDIVIDUAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CORPORATE NAME: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ who is:

\_\_\_\_\_ personally known to me

OR

\_\_\_\_\_ produced \_\_\_\_\_ as identification

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Request for Taxpayer  
 Identification Number and Certification**

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2	Name	
	Business name, if different from above	
	Individual/ Exempt from backup Check appropriate box: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

**Phase I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN on page 2.**  
**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

**Phase II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>
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**Purpose of Form**

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form **W-9** only if you are a **U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form **W-8**. See **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form **W-9** to request your TIN, you must use the requester's form if it is substantially similar to this Form **W-9**.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after December 31, 2001 (29% after December 31, 2003)**. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive **will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. **You do not** certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. **The IRS tells you that you are subject to** backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

**5. You do not certify to the requester that you** are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the **separate Instructions for the Requester of Form W-9**.

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or **uses TINs in violation of Federal law**, the requester may be subject to civil and criminal penalties.