

# *Florida Terrazzo, Inc.*

## **Vendor Information**

<b>Vendor Name:</b>	
<b>Vendor Trade:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Office Number:</b>	
<b>Fax Number:</b>	
<b>Cell Phone:</b>	
<b>Contact Person:</b>	
<b>Type of Business: (circle one)</b>	<b>*Corporation, *Partnership, *Individual, *L.L.C.</b>
<b>Federal ID Number:</b>	
<b>Social Security Number: (if vendor does not have a Federal ID Number)</b>	
<b>Contractors License Number:</b>	
<b>Occupation License Number:</b>	
<b>Liability Insurance Carrier &amp; Policy #:</b>	
<b>Workman's Comp Carrier &amp; Policy #:</b>	
<b>List Persons allowed to sign Lien Waivers:</b>	