



Vendor Information Form

Vendor Name _____

Street Address _____

City, State, Zip _____

Phone# _____ Fax# _____

Principal Contact _____

Website _____

Taxpayer ID Number _____

Supplemental Documents:

- Please attach current copy of IRS Form W9
- Please complete the [ACH Payment Approval Form](#) to receive electronic payments from ICF
- If services are to be performed on ICF property, or include transportation of ICF personnel, please attach current Certificate of Insurance Coverage from vendor or contractor

Please email completed form and supplemental documents in PDF format to: vendordata@savingcranes.org

Office Use:

Date: _____ Vendor ID _____ TIN Number Verified _____

Staff Member Submitted by: _____