



## Sub-Contractor Setup Request Form

### Instructions for Sub-Contractors:

This form can be used for subcontractors only.

Send this completed form along with a current W9, a current COI listing IFS as an additional insurer, and a copy of the previous years OSHA 300 log to your IFS primary contact.

### Sub-Contractor Information:

Company Legal Name	
Duns Number	
Goods or Services Provided	

### Enterprise Business Certification(s) <DO NOT LEAVE BLANK>

Please check all that apply or NO CERT/FICATION if not certified.

A certificate MUST be provided if a certification box is checked

<input type="checkbox"/>	Minority Business Enterprise	<input type="checkbox"/>	Disadvantaged Business Enterprise	<input type="checkbox"/>	Other
<input type="checkbox"/>	Women Business Enterprise	<input type="checkbox"/>	Veteran Owned Business	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Small Business Enterprise	<input type="checkbox"/>	Service Disabled Veteran Owned	<input type="checkbox"/>	

### Corporate Address:

Street Address City, State, Zip	
Title:	
Main office phone number	

### Remit Address:

Street Address City, State, Zip	

### Payment method(s):

<input type="checkbox"/>	Check
<input type="checkbox"/>	ACH - please fill out form below

### ACH Information:

Bank Name:	
Bank Address:	
Street Address	
City, State, Zip	
ACH Routing Number	
Bank Account Number	
Email Address for remittance information	
Primary Contact Name:	
Email address:	
Phone Number:	

### IFS Team Member Instructions:

Email completed form along with vendor/sub-contractors W9, OSHA 300 and COI to

[admin@ifslc-na.com](mailto:admin@ifslc-na.com)

Doc #SF\_050625