



VENDOR PROFILE

PROJECT NAME			
COMPANY NAME			
COMPANY CONTACT			
COMPANY TAX ID /FEIN			
ADDRESS			
REMIT TO ADDRESS (if different from mailing address)			
PHONE		FAX	
MOBILE PHONE		E-MAIL	
PAYMENT TERMS			
CERTIFICATE OF INSURANCE ON FILE (if subcontractor)			<input type="checkbox"/> YES <input type="checkbox"/> NO
SUBCONTRACTOR AGREEMENT ON FILE (if subcontractor)			<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>INVOICES SHOULD BE SENT TO:</p> <p>DNT ENVIRONMENTAL SERVICES OR EVERGREEN WASTE LLC AT: 650 FAIRBURN RD. SW, ATLANTA, GA 30331 OR FAXED TO: 770-739-8002</p> <p>NOTE: Remittance of invoices by a method other than described above may result in a delay in processing and payment of invoice.</p>			