



7235 S.W. Bonita Road, PORTLAND, OR 97224
PH 503.620.2215 , 800.624.6903 FAX 503.624.0523

VENDOR AGREEMENT

Dear Vendor:

Thank you for your interest in working with Horizon Restoration, we value the relationship with all our vendors. With respect to the high standard of quality Horizon represents, please complete the enclosed forms and sign below agreeing to all terms.

- **A Purchase Order number is required to show on your invoice to be accepted for payment.** When the materials are ordered, if you are not given a Purchase Order please ask for one.
- **Invoices with no Purchase Order # will be returned to be re-invoiced.** The corrected invoice date will then be adjusted to reflect the date it is received in our office.
- **Payment becomes due 30 days from the invoice date unless optional terms are agreed upon in advance.**
- **Payments are processed and mailed on Fridays.** We apologize for any inconvenience, but they cannot be available for pick up at our office.
- **Original invoices must be mailed (facsimiles are not accepted).**

Please sign below to certify compliance with our standards as outlined above and forward the information requested in page 2 to our accounting department. **Payment will not be issued without complete and current information.** Thank you for your cooperation, we sincerely appreciate your time and look forward to working with you.

X _____
Subcontractor or Authorized Representative signature

Date



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VENDOR INFORMATION

COMPANY NAME _____

CONTACT NAME _____

MAILING ADDRESS _____

PHONE # _____ MOBILE # _____

FAX # _____ EMERGENCY # _____

EMAIL AND/OR WEB ADDRESS _____

BUSINESS LICENCE # _____

FEDERAL TAX ID # _____
OR

SOCIAL SECURITY # _____

PRIMARY TRADE/SPECIALTY: _____

SECONDARY TRADE/SPECIALTY: _____

Please provide the following:

W-9 Tax Form

