

CONTRACTOR INFORMATION FORM



DATE: _____

CONTRACTOR INFORMATION

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Return to:
Kevin Parks
Plant Accountant
Missoula Electric Cooperative

CONTACT INFORMATION

Contact Name: _____ Title: _____

Contact Name: _____ Title: _____

BUSINESS INFORMATION

Check How You Are Registered To Do Business:

- 1120 Partnership Limited Liability Company
 1120S Sole Proprietor Limited Liability Partnership

Tax ID# _____ Incorporated In _____

Type Of Service Rendered _____

INSURANCE/BONDING

Liability Carrier _____

Amount _____ Expiration Date _____

Certificate Of Insurance Attached

Workers Comp Carrier _____

Certificate Of Work Comp Insurance Attached

Proof Of Independent Contractor For Self Employed Attached

Bonded: Yes No

Type _____

Amount _____ By _____

Missoula Electric Cooperative is an equal opportunity provider and employer.