

# William Douglas Management Co.

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*P. O. Box 37109 Charlotte, N. C. 28237-7109 • 704/347-8900 • Fax 377-3408*

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## New Vendor Information Form

To speed up payment of your invoices please fill out the following information and return along with the needed items below as soon as possible. Fax to 704-377-3408 or email to docs@wmdouglas.com

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**(1)**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Contact's Number (if different from above): \_\_\_\_\_

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**(2)**

Please include a signed IRS Form W9.

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**(3)**

Please have your insurance provider forward an Insurance Certificate noting General Liability and Workers Compensation to:

William Douglas Management Co.  
PO Box 37109  
Charlotte, NC 28237-7109

William Douglas Management needs the Additional Insured Endorsement

If you have any questions please contact the Accounting Department at 704-347-8900.