



**Cutting  
Contractors, Inc.**  
"Service when you need it"

5230 Commerce Circle Indianapolis, IN 46237 Phone: (317) 885-8989 Fax: (317) 885-8980

### CONTRACTOR QUESTIONNAIRE

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX: \_\_\_\_\_ 800 #: \_\_\_\_\_

PRINCIPALS/OWNERS: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_ TITLE: \_\_\_\_\_

ACCOUNTS PAYABLE REPRESENTATIVE: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

#### **Billing Requirements:**

IS A PURCHASE ORDER NUMBER REQUIRED ON INVOICES? \_\_\_\_\_

IS A JOB NUMBER REQUIRED ON INVOICES? \_\_\_\_\_

DO YOU REQUIRE A WAIVER OF LIEN COMPLETED FOR EACH JOB? \_\_\_\_\_

**IF A WAIVER IS REQUIRED, PLEASE SEND AN ORIGINAL WITH INSTRUCTIONS ON HOW AND WHEN IT IS TO BE COMPLETED.**

DO YOU NEED A CERTIFICATE OF INSURANCE FROM US IN YOUR FILES? \_\_\_\_\_

IF YOUR COMPANY IS TAX EXEMPT, PLEASE INCLUDE A BLANKET EXEMPTION FORM WHEN RETURNING THIS QUESTIONNAIRE.

PLEASE LIST ANY OTHER BILLING REQUIREMENTS /REQUESTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_