



## NEW SUBCONTRACTOR SETUP FORM

### General Information

Scope of work:

Have you had any OSHA violations in the last 3 years? \_\_\_ Yes \_\_\_ No (If yes, please attach summary)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Key Contact Personnel

Name & Title: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Safety Contact: \_\_\_\_\_

### Payable Information

Remit-To-Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_

Please attached the following:

- \_\_\_ Form W-9
- \_\_\_ Certificate of Insurance
- \_\_\_ Workers Compensation Certificate
- \_\_\_ Signed Contract
- \_\_\_ Last 3 OSHA 300A Forms (exclude employee names)
- \_\_\_ ROC Number

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