

Contractor's Data Sheet

Company Name: _____

Address: _____

Phone(s): _____

Fax: _____

Email: _____

Contact person: _____

Number of years in business: _____

Have you ever for filed bankruptcy? _____ When: _____ PA Contractor #: _____

Please list the types of work you do and all current Pennsylvania licenses, certifications or registrations that you have:

2 Customer References:

1. Name _____

Address _____

City, Zip _____

Phone _____

2. Name _____

Address _____

City, Zip _____

Phone _____

Contractor's signature: X _____ Date: _____

**Please provide (1) proof of insurance coverage (*please have NHS as additionally Insured*),
(2) a completed IRS Form W-9, and (3) this form - Contractors Data Sheet.**

Send all documents to:

Nazareth Housing Services

301 Nazareth Way

Pittsburgh PA 15229

Phone: 412.931.6996 x 6510,

Fax: 412.931.7255

phochendoner@chfmanor.org