



VENDOR PROFILE

PROJECT NAME			
COMPANY NAME			
COMPANY CONTACT			
COMPANY TAX ID /FEIN			
ADDRESS			
REMIT TO ADDRESS <small>(if different from mailing address)</small>			
PHONE		FAX	
MOBILE PHONE		E-MAIL	
PAYMENT TERMS <i>Our Terms are Net 10 After Client Pays</i>			
CERTIFICATE OF INSURANCE ON FILE (if subcontractor) <small>(If you check no, please send a copy of your certificate with your vendor profile form) DNT must be named additionally insured.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SUBCONTRACTOR AGREEMENT ON FILE (if subcontractor) <small>(If you check no, please send a copy of your subcontract agreement with DNT with your vendor form)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature of Vendor Representative: X _____ Date: _____			
<p>INVOICES SHOULD BE SENT BY ONE OF THE FOLLOWING METHODS TO:</p> <p>DNT ENVIRONMENTAL SERVICES OR EVERGREEN WASTE LLC</p> <p>AT: 650 FAIRBURN RD. SW, ATLANTA, GA 30331</p> <p>FAXED TO: 678-370-0984</p> <p>EMAILED TO: accounting@dntenvironmental.com or accounting@eriwaste.com</p> <p>NOTE: Remittance of invoices by a method other than described above may result in a delay in processing and payment of invoice.</p>			