



SUB-CONTRACTOR FILE SET-UP

In accordance with Federal regulations, the following is necessary to set up a proper file with M.J. Olson Enterprises, Co., Inc. We will not be able to issue any checks or contracts until this information is received in our office.

COMPANY LEGAL NAME	
PHYSICAL ADDRESS	
MAILING ADDRESS (if different)	
PHONE NUMBER	
FAX NUMBER	
CELL NUMBER (NAME)	
EMAIL ADDRESS	
CONTACT PERSON FOR BIDS	
A/R CONTACT	
WA LICENSE #	
OR LICENSE #	
LIABILITY CARRIER & POLICY #	
BONDING COMPANY & POLICY #	
FEDERAL TAX ID #	
SOCIAL SECURITY #(sole proprietor)	
L&I INDUSTRIAL INS. ACCT. #	

COMPANY STRUCTURE _____CORP. _____PARTNERSHIP
 _____SOLE-PROPRIETOR

THE FOLLOWING MUST ALSO BE SUPPLIED TO COMPLETE YOUR FILE.

1. Current Certificate of Insurance (showing M.J. Olson as certificate holder & also as an additional insured).
2. Current signed W-9 form
3. Certificate of Workman’s Comp.
4. Copy of Washington & Oregon license if both apply.

MAIL TO:

M.J. Olson Enterprises, Co., Inc
 P.O. Box 1700
 Kalama, WA 98673
 Any questions please contact Susan at (360) 673-1444.