



Sub-Contractor Information

Name: _____ Date: _____

Business Name: _____

Mailing Address: _____

Phone Number (s) _____ FAX: _____

EMAIL: _____

Type of service you offer: _____

Do you carry your own Liability Insurance?

General Liability: Yes ____ No ____

Workers Compensation Yes ____ No ____

If so, please have your insurance company mail, email or fax us a copy.

W-9 Form: Please fill out the W-9 form and return it to our accounting department:

Note: You cannot be paid until the W-9 form is submitted.

Billing: When invoicing please note the job name, address, and date. Please separate materials from labor when applicable.

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