

Date _____

NOTTINGHAM ESTATES ASSOCIATION

P. O. Box 174
Owasso, OK 74055

CONTRACTOR INFORMATION

Please attach a business card.

Contractors who desire to provide goods or services for Nottingham Estates Association must complete this form. 1099-MISC forms disclosing funds paid to non-corporations will be completed and submitted at the end of the calendar year as required by the IRS.

- 1) Complete the form below.
- 2) Attach a business card to this form.
- 3) Attach a copy of your W-9.
- 4) Attach proof of general liability insurance.
- 5) Attach proof of worker's compensation insurance in the state of Oklahoma **OR** a signed & notarized exemption (State of Oklahoma form UF-67, AFFIDAVIT OF EXEMPT STATUS UNDER THE WORKERS' COMPENSATION ACT).

Contractor's Name:	Business Name:
Mailing Address:	
City, State, Zip:	
Check appropriate selection for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> LLC or Partnership <input type="checkbox"/> Corporation	
Employer Identification Number or Social Security Number:	
Business Phone Number:	Cell Phone Number:
Email Address:	

PAYMENT: Please note that an invoice must be submitted before payment will be made.