



VENDOR PROFILE

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