

# VENDOR SET-UP REQUEST CHECKLIST

The following forms must be completed and submitted to Arrowhead Deck and Pools, LLC Payable Department in order for a vendor to be added to the master vendor file and the online system. Please send the signed and dated completed forms in one of the following manners: Email a copy to: [SOLUTIONS@ARROWHEADDECK.COM](mailto:SOLUTIONS@ARROWHEADDECK.COM) OR FAX TO 602.792.0423

- [W-9 Tax Form](#)
  - [Workers Compensation Election](#)
  - [ACH Debit Authorization](#)
  - [Vendor Agreement](#)
  - [Emergency Contact Info](#)
  - Link or Copy to the ROC Current Business License
  - Copy of Government Issued ID for Primary Contact
- Insurance Certs must show Additional Insured as:**  
Arrowhead Deck and Pools LLC  
1502 N 29th Ave  
Phoenix AZ 85009

## NEW VENDOR FORM

The following 4 documents must accompany a "Request for New Vendor" and "Request to update Vendor Record." Failure to provide this support will result in a delay in the vendor receiving payment or Vendor Maintenance. (1) W-9 Form (2) ACH Form (3) ROC License (4) Vendor Agreement (5) Insurance Cert (6) Workers Comp Election.

Vendor ID (Office Use)

Vendor Name (as it appears on the W-9)

Contact Name

Doing Business as (if Applicable)

Business Phone

Cell Phone

Email Address

Address

City/State/Zip

Billing Email

Bank Name

Bank City/State/Zip

Business Type

Vendor EIN/Tax ID/SS#

AZ ROC License # (s)

Terms

Insurance Company Name

Describe Services Offered

Name of Person Preparing

Signature/Date