



Cohn Construction Services, LLC  
1556 Main Street, Suite 300, 29201  
PO Box 2005  
Columbia, SC 29202  
803.699.1325  
[www.cohnconstruction.com](http://www.cohnconstruction.com)

## REQUEST FOR VENDOR INFORMATION

Cohn Construction Services wishes to congratulate you on the award of the attached subcontract. In order to efficiently complete processing your agreement and before any invoices can be paid to you for this agreement, **you are required to complete the following items or provide updated information as requested below :**

### **REVIEW, SIGN & RETURN YOUR SIGNED/COMPLETED SUBCONTRACT**

1. Print, review and initial the bottom of each page in the appropriate location; then sign and witness the last page of the attached Subcontract.
2. Return signed copy of agreement to Cohn Construction Services, LLC - Attn: \_\_\_\_\_ . The original can be mailed or scanned and emailed to **[contractadmin@cohnconstruction.com](mailto:contractadmin@cohnconstruction.com)**.

### **PROVIDE PROOF OF INSURANCE COVERAGE & TAX ID**

1. Provide proof of coverage for your current Workers Comp & General Liability policies.
2. You may send them directly or have your insurance company email them to:  
**[contractadmin@cohnconstruction.com](mailto:contractadmin@cohnconstruction.com)**.
3. Please communicate to your insurance providers that Cohn Construction Services, LLC needs to be listed as a named insured. On the certificates you provide, in the Certificate Holder box, Cohn Construction name and address should read as follows:

**Cohn Construction Services, LLC  
1556 Main St., Suite 300  
Columbia, SC 29201**

4. Provide a copy of your current W-9 to **[contractadmin@cohnconstruction.com](mailto:contractadmin@cohnconstruction.com)**.

### **INVOICING FOR WORK COMPLETED**

1. **Invoicing for Partial Payment** - You may prepare an invoice each month for the amount of work completed as of the 24th of the month. This invoice must be submitted to Cohn Construction Services no later than the close of business on the 24th of the month you submit. All partial invoices submitted on the 24th of the month shall be dated and aged based on the day received. All invoices shall include a lien release specific to the invoice being submitted or the invoice will not be processed. You may **NOT** invoice in advance for work not yet completed.
2. **Invoicing for Final Payment** - If all of the Work is fully completed, you may invoice immediately upon completion for any remaining balance on the subcontract. Your invoice will be aged based on the date we receive it.
3. **Release of Retainage** - Retainage will be distributed per **Section 5** of the Subcontract.
4. **Invoice Processing** - For the most efficient processing of your invoices, your invoice **MUST INCLUDE** the Job Name, Job Number and Subcontract Number. Your invoice must be based on the schedule of values defined in the subcontract and emailed to **[invoices@cohnconstruction.com](mailto:invoices@cohnconstruction.com)**. If necessary, you may also fax invoices to **Accounts Payable at 803-699-1528**.
5. **Lien Releases** - All invoices must be sent in with a fully executed Contingent Lien Release (see attached - this form must be used).

### **UPDATE COMPANY CONTACT INFORMATION**

1. If the following information listed below is inaccurate or blank, please correct this page and return with signed Subcontract.

Vendor Number: \_\_\_\_\_  
Vendor Legal Name: \_\_\_\_\_  
Vendor Address: \_\_\_\_\_  
Vendor Main Phone: \_\_\_\_\_  
Vendor Fax: \_\_\_\_\_  
Vendor Main Contact: \_\_\_\_\_  
Vendor Contact Email: \_\_\_\_\_

### **UPDATE EMPLOYEE CONTACT INFORMATION**

#### **Company Accounts Receivable Contact:**

Name: \_\_\_\_\_

Mailing Address (Street/PO Box/City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Project Manager (Main Project Contact):**

Name: \_\_\_\_\_

Mailing Address (Street/PO Box/City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Other Contact** \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address (Street/PO Box/City/State/Zip): \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_