

Mountain X, LLC
Vendor Information Form

Company Name: _____

Primary Contact: _____

Receivables Address: _____

Receivables Email: _____

Receivables Phone: _____

Payment Terms: _____

Note to Subcontractors: **Subcontractor payments may be held unless the required information is on file. Subcontractors must have a valid certificate of insurance and a W9 on file with us.**