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Please ensure that you include the following when returning this form:

- Current W-9       Current COI       COPY of Contractor's License

### SUBCONTRACTOR INFORMATION

*Please Print or Scan and Fill*

Date: \_\_\_\_\_

Company Name/DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address: \_\_\_\_\_

(If different from above)

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

AP/AR Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If there are any changes in your business name, EIN or address in the future please send us a revised W-9.

If you have any questions, please reach out!