2025 Trade Partner Information Sheet

Castle Building & Remodeling
A better experience. Guaranteed.

_____
You Company Name

Primary Contact

Name:_____
Position:_____
Work Phone: _____
Cell Phone: _____
Fax: _____
Email Address: _____

Secondary Contact

Name:_____
Position:_____
Work Phone: _____
Cell Phone: _____
Fax: _____
Email Address: _____

Office Address:_____ City_____ State:____ Zip:_____
Billing Address:_____ City_____ State:____ Zip: _____

Your Preferred Billing Terms:_____

INVOICES are required to receive payment, please email your invoices to Invoices@CastleBRI.com

Other Company Contacts

Name:_____ Position:_____ Cell Phone: _____
Name:_____ Position:_____ Cell Phone: _____
Name: Position: Cell Phone:

Type of Work Provided

☐ Demo	☐ Excavation	☐ Concrete	☐ Excavation	☐ Masonry	☐ Framing	☐ Roofing
☐ Porches	☐ Decks	☐ Siding	☐ Decks	☐ Window	☐ Plumbing	☐ HVAC
☐ Insulation	☐ Walls	☐ Ceilings	☐ Walls	☐ Millwork	☐ Cabinets	☐ Appliances
☐ Skylights	☐ W/Iron	☐ Floor Cover.	☐ W/Iron	☐ Int. Paint	☐ Ext.Paint	☐ Clean Up
☐ Gutters	☐ Gutters	☐ Heating	☐ Gutters	☐ Electric	☐ Storm Work	☐ Countertops

Additional Description of Work Performed:

Federal Tax ID Number

Federal Tax ID Number: _____

General Liability Insurance / Workers Compensation Information

Insurance Company: _____ Contact Name: _____

Phone:_____ Email: _____

*** Castle Building & Remodeling, Inc. must be listed as additional insured on your Certificate of Insurance showing both General Liability and Work Comp coverage. This documentation MUST be in place in order to be compliant with Castle's Trade Partner policies/procedures.**