



SUBCONTRACTOR APPLICATION

Name: _____

Phone No.: _____

Date: _____

Email: _____

EIN: _____

**YOU WILL NEED TO HAVE AN ACCOUNT AT A MICHIGAN BANK
BRANCH OR CREDIT UNION (NO PRE-PAID CARD DEPOSITS WILL BE
ALLOWED)**



We would like to welcome you to the Dave Cole Decorators, Inc. team.

Please review the following:

1. Acknowledgements must be signed and returned to our office before you begin work for us.
 - Subcontractor Guidelines
 - Company Policies
 - Standard Equipment Requirements
 - Insurance Guideline
 - OSHA and MIOSHA agreement
2. A W-9 tax form – Please fill out and return to our office. We must have this before we can pay any invoice.
3. Certificate of Insurance which we require from all of our subcontractors – General Liability and Workers Comp.
4. Our accounting department requires that your invoice be in our office before 7:00 am on Monday. You may fax them to 616-887-9464, or email them to invoices@dcd-inc.com

There must be the following information on all invoices:

- ✓ Invoice number
- ✓ Project name
- ✓ Dates worked
- ✓ Invoice Total
- ✓ Partial draw amount for lump sum project bids

If you work on multiple projects in any week, please break down the project name and total cost by day.

Please note, your first invoice will not be processed unless all your insurance, tax and acknowledgements are received back at our office – signed.

We look forward to working with you on our future projects.

Sincerely,

John Murphy
President



Subcontractor Guidelines

Please read the following and sign that you agree to follow these guidelines while you represent Dave Cole Decorators, Inc. as a subcontractor on our job sites.

1. Absolutely no signage on your vehicle or attire (shirts, coats, etc.) is allowed to be displayed or worn while on a job site that you are being paid as a subcontractor to represent Dave Cole Decorators, Inc. You are **required to wear Dave Cole Decorator, Inc. shirts** and **white painter pants** while on a jobsite which you are under contract for. **Dave Cole Decorators will provide the shirts.**
2. You are a representative of Dave Cole Decorators, Inc., and personal hygiene is important. **You are expected to report to work clean with a clean shaved face** so others can work by or with you (shower, teeth brushed, clean clothes, hair combed etc.).
3. **Follow Dave Cole Decorators' company policies on Harassment and Confidentiality** – copies enclosed. Please sign and return acknowledgment page.
4. **Provide your own properly maintained protection and safety equipment. Work boots are mandatory** on the job. **Hard hats must be worn on all jobs. Always bring** your safety equipment with you, **hard hats, safety glasses, and respirator.**
5. Provide your own necessary Hand Tools and Equipment – List enclosed.
6. Our normal work hour are as follows:

Work hours	7:00 am to 3:30 pm
Morning Break	9:30 to 9:45
Lunch	12:00 to 12:30

7. **Provide necessary workers compensation and general liability insurance.** If your insurance is cancelled Dave Cole Decorators will not be able to pay your invoice until coverage has been obtained for the period you worked.
8. **Radios, MP3, Ear Buds or CD players** are **not** allowed on any job sites.

9. If you are **unable to work**, we ask that you please text the shop at: (616) 318-0246, Paul Cole (616) 706-9665 and Edmund Aguilar (616) 318-7423.
10. While hired by Dave Cole Decorators as a subcontractor you are expected to represent Dave Cole Decorators, Inc. and not solicit work for your own business during working hours which are being paid by Dave Cole Decorators. Dave Cole Decorators will not tolerate conflict of interest on any job site and you will be asked to discontinue working as a subcontractor if you solicit work for your benefit away from Dave Cole Decorators. You must sign the enclosed Non-Compete Clause for any and all projects in which you are representing Dave Cole Decorators, Inc.
11. You are not authorized to repair any equipment owned by Dave Cole Decorators and you are required to notify the proper foreman or Paul Cole/Edmund Aguilar regarding equipment failure.
12. You are not authorized to make purchases from vendors on Dave Cole Decorators accounts unless specifically authorized by Robert Cole.
13. You are not authorized to drive any Dave Cole Decorators vehicles. ***The only exception to this is in the case of a medical emergency.***

Sub-Contractor

Date

Printed Name

Title

Sub-Contractor Email Address

DAVE COLE DECORATORS INC.

Contractor

Date

Printed Name

Title

*Return signed copy to **DAVE COLE DECORATORS, INC.** via Fax or Email*

INSURANCE and INDEMNIFICATION

Subcontractor shall, at its own expense, procure and maintain on all of its operations statutory Workers' Compensation and Employer's Liability Insurance covering all of its employees; Commercial General Liability Insurance; and Automobile Liability Insurance including coverage for Hired and Non- Owned autos.

Subcontractor shall add Dave Cole Decorators, Inc as an Additional Insured, including completed operations under the Subcontractor's Commercial General Liability policy using ISO form CG2010 or its equivalent, and shall provide, prior to commencement of work, a Certificate of Insurance from its insurance company evidencing that the insurance is in force and that the insurance contract contains a 30-day written Notice of Cancellation endorsement in favor of Dave Cole Decorators, Inc. Along with a waiver of subrogation.

Furthermore, Subcontractor shall indemnify and hold harmless Dave Cole Decorators Inc., and Owner against any claims, damages, losses and expenses including legal fees arising out of or resulting from the performance of the subcontracted work to the extent caused by the subcontractor or anyone directly or indirectly employed by the Subcontractor.

Signed: _____ Dave Cole Decorators, Inc.

_____ [Subcontractor]

Dated: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <p style="text-align: right;">MI 49501-2608</p>	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company Name NAIC # INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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COVERAGES **CERTIFICATE NUMBER:** Sample for Subs **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	Y	Y	Policy Number	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Min \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	Policy Number	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ I-single limit \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 10,000						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Policy Number	05/01/2018	05/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Dave Cole Decorators Inc. 325 Martindale Street Sparta MI 49345	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Company Policies

Confidentiality - Business Ethics and Conduct Policy

The successful business operation and reputation of Dave Cole Decorators, Inc. is built upon the principles of fair dealing and ethical conduct of our employees/representatives. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

The continued success of Dave Cole Decorators, Inc. is dependent upon our customers' trust and we are dedicated to preserving that trust. Employees owe a duty to Dave Cole Decorators, Inc. and its customers to act in a way that will merit the continued trust and confidence of the public.

Additionally, our customers and suppliers entrust Dave Cole Decorators, Inc. with important information relating to their businesses. The nature of this relationship requires maintenance of confidentiality. In safeguarding the information received, Dave Cole Decorators, Inc. earns the respect and further trust of our customers and suppliers.

If you are questioned by someone outside the company or your department and you are concerned about the appropriateness of giving them certain information, you are not required to answer. Instead, as politely as possible, refer the request to the Office.

As a subcontractor of Dave Cole Decorators, Inc. you are asked to follow the same protocols and requirements that all of our employees are expected to abide by. One of those protocols addresses chain of command regarding customer contact. You should not contact the customers about any job that you are completing on behalf of Dave Cole Decorators, Inc., unless you are directed to do so. The only people who are to contact the customer directly are Bob Cole, Dan Oosterink or the appointed supervisor of the job. This contact includes personal contact as well as phone and electronic communications.

No one is permitted to remove or make copies of any Dave Cole Decorators, Inc. records, reports or documents without prior management approval. Disclosure of confidential information could lead to termination, as well as other possible legal action.

Dave Cole Decorators, Inc. will comply with all applicable laws and regulations and expects its directors, officers, employees and representatives to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, the use of good judgment, based on high ethical principles, will guide you with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with a job site supervisor and, if necessary, with the Office for advice and consultation.

Compliance with this policy of business ethics and conduct is the responsibility of every Dave Cole Decorators, Inc. employee/representative. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of employment.

Harassment

It is the long established policy of the Dave Cole Decorators, Inc. to extend equal employment and advancement opportunities to all qualified individuals regardless of their race, color, age (40 and over), sex, pregnancy, gender, disability, religion, national origin, ethnic background, military service or citizenship.

All personnel are reminded that each employee/representative is at all times to be treated courteously by fellow employees/representatives, so that he or she is free from harassment or interference based on factors such as those mentioned above. Harassment is defined as unwelcome or unsolicited verbal, physical or sexual conduct that interferes with an employees job performance or which creates an intimidating, offensive or hostile work environment. Examples of what may be considered harassment, depending on the circumstances, are:

Questions or comments that unnecessarily infringe on personal privacy or offensive, sexist, off color or sexual remarks, jokes, slurs or propositions or comments that disparage a person or group on the basis of race, color, age (40 and over) sex, pregnancy, gender, creed, disability, religion, national origin, ethnic background, military service or citizenship. Derogatory or suggestive posters, cartoons, photographs, calendars, graffiti, drawings, other materials, or gestures. Inappropriate touching, hitting, pushing or other aggressive physical contact or threats to take such action. Unsolicited sexual advances, requests, or demands, explicit or implicit, for sexual favors. Anyone who feels that he or she has been discriminated against or harassed should report such incidents to:

Male John Murphy OR Female As Assigned by John Murphy

The Company will promptly investigate all charges of violation of this policy. The confidentiality of persons reporting violations will be respected so far as practicable in conducting an investigation of such claims. There will absolutely be no retaliation against persons filing such complaints.

Sexual Harassment

It is the policy of this Company that all employees shall have the right to work in an environment free from any form of unlawful discrimination. Sexual Harassment is constituted as discrimination and is prohibited by state and federal laws. Therefore, it is the position of this company that sexual harassment will not be tolerated. It is a violation of Company policy for any supervisor or employee, male or female to engage in sexual harassment as defined below. Such conduct will result in disciplinary action up to and including dismissal. The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as follows:

Quid Pro Quo - Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute quid pro quo when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment and, or (2) submission or rejection of such conduct by an individual is used as the basis for employment decisions affecting an individual.

Hostile Environment - Is one in which unwelcome sexual advances, requests for sexual favors and verbal or other conduct of a physical nature occur and when such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Some examples of sexual harassment include but are not limited to: Unwanted sexual advances Offering employment benefits in exchange for sexual favors Making threatening reprisals after a negative response to sexual advances Visual conduct such as leering, making sexual gestures, or displaying sexually suggestive objects, pictures, cartoons, or posters Verbal conduct such as making derogatory comments, epithets, slurs, sexually explicit jokes or comments about an employee's body or dress Verbal sexual advances or propositions Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual or suggestive or obscene letters, notes or invitations , physical conduct such as touching, assault or impeding or blocking movement and retaliation for reporting harassment or threatening to report harassment.

Any employee/representative who believes he/she has experienced such conduct by anyone, including a supervisor, co-worker or by persons doing business with or for this Company should tell the offender that such conduct is unwelcome and unacceptable. If the offensive behavior does not stop, or if the employee is uncomfortable confronting the offender, the employee must immediately report such conduct to their supervisor, or to either of the Company Compliance Officers listed below:

Male John Murphy OR Female As Assigned by John Murphy

This company prohibits retaliation against any employee who complains of sexual harassment or who participates in an investigation. All aspects of the complaint-handling procedure will be handled discreetly. However, it may be necessary to include others on a need to know basis.

All incidents of prohibited harassment that are reported will be investigated. The Compliance officers listed above will immediately undertake or direct an effective, thorough, and objective investigation of the harassment allegations. The investigation will be completed as soon as practicable and a determination regarding the reported harassment will be made and communicated to the employee who complained and to the accused harasser. If a complaint of prohibited harassment is substantiated, appropriate corrective action, up to and including discharge, will be taken. Appropriate action will also be taken to correct the effects of the harassment and to deter any future harassment.



SUBCONTRACTOR STANDARD EQUIPMENT LIST

ITEM	QTY	PRICE
3" Purdy Oil Brush		25.00
3" Purdy Latex Brush		22.00
4" frame		9.00
9" frame		11.00
18" frame		27.00
18" bucket		36.00
Wire brush		9.00
5-in-1 tool		9.00
Pole Sander		19.00
360° Sander Head		27.00
Extension sticks:		
2' - 4'		25.00
4' - 8'		33.00
Putty knives:		
1-1/2" flex		9.00
3" reg.		9.00
6" reg.		11.00
Razor knife		6.00
Caulk gun		9.00
Tape machine/2 Blades		106.00
Safety glasses		6.00
Hard hat		25.00
Respirator		53.00
Hi-Vis Vest		28.00

REQUIRED - PROVIDED		
SIZE	DCD SHIRT	QTY
	Shortsleeve	
	Longsleeve	
REQUIRED - NOT PROVIDED		
	White Painter Pants	
	Work boots above the ankles	

I agree to wear DCD shirts, white painters pants and work boots above the ankles to all jobsites. I understand DCD shirts are provided. I understand that it is my responsibility to obtain white painters pants and work boots.

I authorize Dave Cole Decorators to deduct the total amount shown below from my paycheck.

TOTAL:

Signature

Date

January 2023



The subcontractor shall abide by all Federal and State OSHA and MIOSHA regulations as these regulations pertain to the subcontractor and its scope of work contracted for.

I agree with the above statement:

Printed Name

Signed

Date



To Dave Cole Decorators Subcontractor:

Certain projects request security information. Please sign below to authorize Dave Cole Decorators to submit your information as necessary in order to obtain clearances for you to work on certain projects. This authorization will be updated each year.

Sincerely,

John Murphy
President

Company _____ Date _____

Signature _____ Title _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)																																																														
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																																														
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">-</td> <td colspan="2"></td> <td style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table> <p style="text-align: center;">or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">-</td> <td colspan="8"></td> </tr> </table>	Social security number																						-			-					Employer identification number																						-								
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize Dave Cole Decorators to make deposits every pay period in the account identified below at _____ (Depository Financial Institution hereinafter referred to as DFI). It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. **This authorization will remain in effect until written notice of termination is given to the Company.** I acknowledge receipt of a filled in copy of this Authorization.

Name of Bank or Credit Union:	Bank or Credit Union's Routing & Transit No.
Account No. to Credit	Type of Account: Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>
Address:	Name:
City: State: Zip:	Social Security Number (Last 4 Digits):
Signature:	Date:

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION

1. Direct Deposit will begin with the next pay period.
2. Your entire check will be deposited into either checking or saving (not both), and you will receive a check stub.
3. Your check will be transmitted to your account from Dave Cole Decorators sometime between Thursday night and Friday morning; however, depending on your bank it may take up to 48 hours for your check to become available in your account.
4. You must notify the office IN WRITING by Sunday morning at 7:00 a.m. of any changes regarding your payroll for the upcoming pay period. Specifically the following:
 - a. Changes in Bank Account Information
 - b. Requests to not have your check direct deposited and either mailed or held at the office

Example:

John Q. Smith 99999
 55 Maple Street 555-1234
 Hometown _____ 19____

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

FOR _____

⑆ 123456789⑆ 09876543210123⑆ 99999

↑ Bank Routing Number ↑ Checking Account Number ↑ Check Number
 Do Not Enter

SAMPLE HOURLY INVOICE

ABC PAINTING
123 MAIN ST
GRAND RAPIDS, MI 49505

INVOICE #: 0111
INVOICE DATE: 06/21/21

BILL TO:
Dave Cole Decorators
invoices@dcd-inc.com
325 Martindale
Sparta, MI 49345

DATE	PROJECT	TOTAL
6/21/21	Job Name: Meijer - Holland	
	John Doe # of hours x hrly rate	\$0.00
	James Doe # of hours x hrly rate	\$0.00
	Hourly work is paid weekly. Checks go out Wednesday. Direct Deposit Friday.	
	TOTAL	\$0.00

SAMPLE INVOICE FOR CONTRACTS

ABC PAINTING
123 MAIN ST
GRAND RAPIDS, MI 49505

INVOICE #: 0111
INVOICE DATE: 06/21/21

BILL TO:
Dave Cole Decorators
invoices@dcd-inc.com
325 Martindale
Sparta, MI 49345

DATE	PROJECT	TOTAL
6/21/21	Job Name: Meijer - Holland	\$
	Bill for % complete	
	<i>Contract work is paid every other week with 10% retainage withheld.</i>	
	TOTAL	\$0.00