



# Professional Services Vendor Packet

**Thank you for your interest in working with THS. Please see below for our vendor packet check list. Please check all boxes before emailing your packet to; [vendorcompliance@thsnational.com](mailto:vendorcompliance@thsnational.com). If you have any questions, please feel free to reach out to, [vendorcompliance@thsnational.com](mailto:vendorcompliance@thsnational.com) or call our main office line at (919)-741-6229**

Please complete the following prior to submittal.

- Page 1: Basic Company Info
- Page 2: Invoice & Payment Terms
- Page 3: Site Rules
- Page 4: Share your Skills
- Page 5: W9 (Please provide)
- Page 6: Certificate of insurance (Please Provide)

# Company Information

Before completing this form, please note the following required documents. Failure to provide any of the following information will result in an unapproved status.

•W9

•Certificate of Insurnace (sample is attached for reference)

COI must include the following:

- Professional Liability in the amount of, \$1,000,000
- THS National, LLC listed as the certificate holder

Company Name: Dammon Engineering Inc.

Contact Name / Title: Chuck Dammon/ VP Project Manger

Mailing Address \*Must match address on COI\*:  
554 Old Spanish Trail  
Slidell, La. 70458

Physical Address:  
554 Old Spanish Trail  
Slidell, La. 70458

Email Address: info@dammonengineering.com

Phone Number: 985-640-7891

Company Representative Signature:

Title:

Date:

Chuck Dammon

VP/Project Manager

05-30-24

Company Representative Printed Name:

THS Representative Signing up Vendor:

Chuck Dammon



THS National, LLC



# Invoice Requirements & Payment Terms



## Payment Terms:

**Invoices will be paid on a NET 30 basis from the date we receive the invoice. No pre-invoicing of work will be premitted. For any questions about your invoices or payments that are past 30 days, please contact the accounts payables at; [invoices@thsnational.com](mailto:invoices@thsnational.com)**

## Submittal & Invoice Requirements

**Submittal - Invoices must be submitted to; [invoices@thsnational.com](mailto:invoices@thsnational.com)**

**Invoice Requirements - You will be asked to revise and resubmit your invoice(s) if the following requirements are not on the invoice.**

1. Company name as it appears on your Certificate of Insurance
  2. An invoice number (invoice numbers cannot duplicate - each invoice submitted must have a different number)
  3. Date the invoice is being submitted (the net 30 process begins on the date the invoice was received)
  4. Subcontract number and unit number (if applicable)
  5. Job site address and property name
  6. Cost codes and description from subcontract that you are currently billing for
- 



Company Representative Signature:

*Chuck Dammon*

Title:

*VP/Project Manager*

Date:

*05-30-24*

Company Representative Printed Name:

*Chuck Dammon*



**Sharing your skills is a great way to get recognized for future projects!  
Once your skill and location are entered into our system, our team is able  
to look up vendors for their specific needs!**

**We can't wait to work with you!**

## **SHARE YOUR SKILLS:**

**Check the box(s) that applies to the type of work your company preforms  
and the state they preform them in:**

Architect       Engineer       Permit Expediter       Safety

Professional Services      Other: \_\_\_\_\_

## **Where will you work?:**

North Carolina:       South Carolina:       Georgia:       Alabama:

Virginia:       Tennessee:       Florida:       Maryland:

Indiana

Other: Slidell, Louisiana

