

NMFO VENDOR VERIFICATION FORM

Vendors Providing Goods & Equipment

*This form was established to assist Production Companies applying for the Refundable Film Production Tax Credit with vendor qualifications. **

PHYSICAL PRESENCE

This section assists Production Companies in determining if physical presence requirements have been met by contracted NM legitimate vendors:

Local Vendor Name: _____

Local Phone, Email and Website: _____

Local Contact (Name, Title, Phone, Email): _____

Local Physical Address: _____

CRS Tax ID#: _____ # of Years in Business (NM only): _____

Describe Ordinary Course of Business: _____

Most Utilized Service Provided: _____

Craft Departments Served: _____

Inventory for Purchase or Lease at Business Address: _____

Physical location of NM Business Sign: _____ Hours of Operation: _____

Number of resident Owners & Employees: _____ Number of Full Time Employees: _____

If Applicable, Address of Parent Company: _____

I declare that I have completed this document to the best of my knowledge and verify that it is true, correct and complete:

Authorized Representative of Vendor

Printed Name

Signature

Title

Date

***Please email your vendor verification form to the Senior Manager of Production at the NMFO: [Lisa Lucas](#).**