



PREFERRED VENDOR/BUSINESS ASSOCIATION APPLICATION

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company's Web Site(s): _____

Federal Tax ID Number: _____ Contractor License #: _____

Social Security Number: _____ Insurance Company: _____

Name of SSN Owner: _____

Organization Type: LLC: _____ Sole Owner : _____ Corporation : _____ S-Corp: _____

CEO Name: _____ CEO Phone: _____

CEO Email: _____

PLEASE PROVIDE COPIES OF THE FOLLOWING:
CONTRACTORS LICENSE []
EVIDENCE OF INSURANCE []
INCORPORATION STATUS [] (IF APPLICABLE)
TAX ID NUMBER OR SOCIAL SECURITY NUMBER []

REFERENCES (Please include below or on separate page)

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Email: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Email: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Email: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Email: _____