

**Vendor Application Form**

**Contact Information:**

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Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Alt. Contact Person \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Services Performed (Check all that apply to your company):**

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**Inspection Services:**

Property Inspections     
  Commercial Inspections     
  Mobile Home Inspections  
 Interview Inspections     
  Merchant Site Inspections     
  Natural Disaster Inspections  
 BPO/Appraisals     
  Insurance Loss Inspections     
  \_\_\_\_\_

**Property Preservation Services:**

Lock Changes     
  Lawn Service     
  Repairs/Rehab     
  Roof Patching/Tarping  
 Boarding     
  Eviction     
  FHA Conveyance Work     
  \_\_\_\_\_  
 Winterization     
  Pool Covering     
  Debris Removal     
  \_\_\_\_\_

Discount Rate Given: \_\_\_\_\_%

Number of years experience: \_\_\_\_\_

**Insurance Coverage**

Insurance Company: \_\_\_\_\_ Policy Expiration: \_\_\_\_\_

Coverage Type:  General Liability     
 Worker's Compensation  
 Errors & Omissions     
 Other \_\_\_\_\_

**References:**

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Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Services Provided: \_\_\_\_\_

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Phone: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Services Provided: \_\_\_\_\_

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Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Services Provided: \_\_\_\_\_