

# Vendor Detail Checklist

Legal Company Name \_\_\_\_\_

d/b/a \_\_\_\_\_

Contact/Representative \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_

Business License Number(s) \_\_\_\_\_

Type Of Entity: Corp \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Prop \_\_\_\_\_

Liability Ins. Carrier \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

Workers Compensation \_\_\_\_\_

Policy Numbers \_\_\_\_\_

Executed This \_\_\_\_\_ Day Of \_\_\_\_\_ 20\_\_\_\_

I Certify That The Above Is True And Correct And That I Am An Authorized Company Representative. I Agree That I Will Not Hold The Property Management Company, Its Agents, Employees Or Assigns Liable For The Payment For Any Work Performed Or Materials Provided For The Properties Which Are Or Were Managed By The Property Management Company.

\_\_\_\_\_  
Vendor Signature