

VENDOR APPLICATION FORM

Instructions: Please completely fill out this application for your company. Any forms that are **incomplete or do not have the required paper work, will not be processed.** Please sign, scan, and e-mail these documents to info@progressive-properties.com or fax it to the number above.

1. Applicant's Information:									
Company Name									
Federal I.D. or SS#									
Address									
City									
State									
Zip									
Work Phone									
Mobile Phone									
Fax Phone									
Web Site									
E-mail									
2. Billing Information: (if different from items from above)									
Name									
Address									
Address									
City									
State									
Zip									
Phone									
E-mail									
3. Type of Organization:									
Individual	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Non_Profit	<input type="checkbox"/>	Corporations	<input type="checkbox"/>	Other	<input type="checkbox"/>
4. Contractor License Information:									
License Number:						Type:			
State:									
5. Vendor Type									
<input type="checkbox"/>	Accountant	<input type="checkbox"/>	Advertising	<input type="checkbox"/>	Automotive	<input type="checkbox"/>	Banking	<input type="checkbox"/>	Cleaning
<input type="checkbox"/>	Computer	<input type="checkbox"/>	Contractors	<input type="checkbox"/>	Store	<input type="checkbox"/>	Health Club	<input type="checkbox"/>	Inspectors
<input type="checkbox"/>	Utilities	<input type="checkbox"/>	Other, Specify			<input type="checkbox"/>		<input type="checkbox"/>	
6. Company History									
Established					How Long at Present Location:				

7. Persons Authorized to Sign Bids, Offers and Contracts

	<u>Last Name</u>	<u>First Name</u>	<u>Official Capacity</u>	<u>Phone Number</u>
A.				
B.				

8. Persons to contact on bids or quotes (if different from above)

	<u>Last Name</u>	<u>First Name</u>	<u>Official Capacity</u>	<u>Phone Number</u>
A.				
B.				

9. Vendor Questionnaire

	Yes	No	Comments
A. Has anyone ever had a complaint against your license?	<input type="checkbox"/>	<input type="checkbox"/>	
B. Has anyone ever filed a complaint on the Better Business Bureau?	<input type="checkbox"/>	<input type="checkbox"/>	
C. Has anyone ever filed a legal case against the company?	<input type="checkbox"/>	<input type="checkbox"/>	
D. Has a claim against your liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
E. Have you ever broken a contract?	<input type="checkbox"/>	<input type="checkbox"/>	
F. Have you ever refused to pay a sub-contractor for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	
G. Ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	
H. Ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	
I. Does Progressive Properties have your permission to perform a background check on you and/or your company?	<input type="checkbox"/>	<input type="checkbox"/>	

Personal/Professional References

Character/personal reference:

Name: _____ Relationship: _____

Address: _____

How long have you known this person? _____ Phone: _____

Professional reference (e.g., attorney, accountant):

1. Name: _____ Relationship: _____

Address: _____

How long have you known this person? _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____

How long have you known this person? _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____

How long have you known this person? _____ Phone: _____

Thank You!

Thank you for completing an application to become one of our vendors. Please note that a completed application requires submission of the following, which will be copied and attached to this application:

1. IRS Employer Identification Number
2. Liability Insurance
3. Contractors License
4. If Individual, please make an Enlarge readable copy of drivers license
5. W-9 for tax purposes
6. Pricing Guide

By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual vendor consideration or for collection purposes should that become necessary.

Applicant acknowledges this application will become part of Independent Vendor/Contractor Agreement when approved. If any information is found to be incorrect the application will be rejected and any subsequent agreements become void. False and misleading statements will be sufficient reason for immediate removal from our system.

Contractor Signature

Contractor Signature

Contractor Name Printed

Contractor Printed

Contractor Title

Contractor Title

Date

Date

cc: Vendor BLANK File

Form Name: Vnd Form App BLANK Rev 4.8