

FPI MANAGEMENT, INC.
VENDOR APPLICATION/INFORMATION

Property Name: _____ Date: _____

Company Name: _____

Address: _____

Phone #: _____

Fax #: _____

E-Mail Address: _____

Owner/Representative: _____

A) Tax ID #/Social Security Number _____

B) Business or Contractors License # _____

Copy of Business or Contractors License-Attached Yes _____ No _____

C) Proof of Insurance & Workers Compensation Coverage*:

Agent: _____

Policy #: _____

Phone #: _____

Coverage/Liability: _____

(No less than \$1,000,000 and FPI Management, Inc. and Ownership Entity must be named as Additional Insured)

Evidence of Insurance-Attached Yes _____ No _____

D) Services/Trade _____

Provided by your _____

Company: _____

E) Area/Region _____

Your Service _____

Covers: _____

F) References: 1) _____ Phone #: _____

2) _____ Phone #: _____

3) _____ Phone #: _____

Note: If applicable, please attach a current price list and company brochure.

*Application will not be accepted without the above items.