

ASSOCIATION PARTNERS, INC.

Vendor Application

Company Name:	Association:
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Mailing Address:

City:	State:	Zip Code:
E-mail Address		

Street Address (If different than Mailing Address):

City:	State:	Zip Code:
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Phone Number:	Fax Number:
Emergency Pager or Cell Number:	

List of Services:

If the Business IS Incorporated list Tax FEIN:

If the Business IS NOT Incorporated list Tax FEIN and Owners Name OR Owners Name and SS#:

<p><u>Please submit this form with a W-9 and Certificate of Insurance showing your General Liability and Worker's Compensation Insurance. If no Worker's Compensation Insurance, please explain.</u></p> <p><u>Thank you.</u></p>
