

VENDOR CHECKLIST

Vendor Number: _____

Approved: ___ Yes ___ No

Background: ___ Yes ___ No

Processed By: _____.

Starting Per Diem Rate _____

*****For Office Use Only*****

Information Required:

Contractor Name: _____

Company (if any) : _____

Type of Entity: ___ Sole proprietorship, ___ Partnership, ___ LLC, S-Corp
___ C-Corp ___ Other (Explain) _____.

State of Incorporation: _____.

Name All Principals: (Must Include a copy of State Issued Identification Card with a Photo) Legal Names and Titles

Social Security Number: _____.

EIN Number: _____.

Vendor's Main Address:

Vendor's Billing Address:

Phone No.: (_____) _____ Fax No.: (_____) _____

Mobile No.: (_____) _____ Additional No.: (_____) _____

E-mail address: _____

Website: _____

***One or both of these should provide access on weekends and evenings.**

Contractor's License No.: _____(if applicable)

State: _____

Business License No.: _____

State: _____

**A contractor's license is not required for all types of work.

Geographic Areas Covered by county and Zip Code:

Insurance:

General Liability: ___ Yes ___ No

Company: _____.

Agent: _____.

Address and telephone Number of Agent:

Amount of Coverage: _____

Policy Number: _____

Errors and Omission: ___ Yes ___ No

Company: _____.

Agent: _____.

Address and telephone Number of Agent:

Amount of Coverage: _____

Policy Number: _____

Workman's Comp: ___ Yes ___ No

Do You Waive this Requirement? ___ Yes ___ No (If waived Include a certificate)

Company: _____.

Agent: _____.

Address and telephone Number of Agent:

Amount of Coverage: _____

Policy Number: _____

Types of Services Offered (check each service you provide):

Preservation/REO and Maintenance

- Debris Removal
- Demolition
- Eviction Services
- Janitorial
- Lawn

Maintenance and Preservation/REO

- Ongoing Janitorial Services
- Ongoing Lawn Services
- Ongoing Snow Services
- Use of our website for photos/invoices/work orders
- Rehab
- Re-key
- Remove Vehicles
- Repairs (Plumbing/Roof, Etc)
- Secure Property (board-up)
- Winterization/ De-Winterization
- Other _____
- Other _____

Construction:

- General Contractor
- Specialty Contractor Trade: _____

Other:

- Supplier Type: _____
- Outside Services Type: _____

