



Vendor Information Form

Name _____

Address _____

Phone Number _____ Fax _____

Email Address _____

Company Name _____

Federal Tax I.D. Number _____

Business License Number(s)

Type of Entity (please select one):

Corporation _____ Partnership _____ Sole Proprietor _____ LLC _____

Insurance Carrier _____

Type of Insurance _____

Policy Exp Date _____ Policy Number(s) _____

Policy Coverage Amount _____

Executed this _____ day of _____ 20 _____

I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND ACCURATE. I ALSO CERTIFY THAT I AM AN AUTHORIZED COMPANY REPRESENTATIVE. I AGREE THAT I, THE SIGNEE, MY COMPANY, OR ANYONE ASSOCIATED WITH MY COMPANY, WILL NOT HOLD DIVINE APPROACH REAL ESTATE AND PROPERTY MANAGEMENT FIRM, LLC, IT'S EMPLOYEES, AGENTS, BROKER, OWNER, OR ASSIGNS LIABLE FOR THE PAYMENT OF ANY WORK PERFORMED OR ANY MATERIALS PROVIDED ON ANY PROPERTY MANAGED (CURRENTLY OR PREVIOUSLY) BY DIVINE APPROACH REAL ESTATE AND PROPERTY MANAGEMENT FIRM, LLC.

VENDOR SIGNATURE: _____