

Vendor Profile Form

Four digit passcode _ _ _ _



Company Information

Legal Entity Name: _____

Business Type: ☐ Individual Sole Proprietorship ☐ Corporation ☐ Partnership
☐ Limited Liability Company

Employer Identification # (EIN): _____ Year Entity Formed: _____
Phone: _____ Email: _____
Website: _____

Physical Address

Address: _____
City: _____ State: _____ Zip Code: _____

Mailing Address

☐ Same as Physical Address

Address: _____
City: _____ State: _____ Zip Code: _____

Contact Information

PRIMARY

First Name: _____ Last Name: _____
Phone: _____ Email: _____

SECONDARY

First Name: _____ Last Name: _____
Phone: _____ Email: _____

Professional Services Offered *(check all that apply):*

- ☐ Plumbing ☐ Electrical ☐ Carpentry ☐ HVAC ☐ Landscaping ☐ Cleaning
☐ Painting ☐ Drywall Finishing ☐ Concrete/Asphalt ☐ Garage Repair
☐ Carpet Installation ☐ Carpet Cleaning ☐ Masonry ☐ Roofing ☐ Extermination
☐ Tile Installation ☐ General Contractor ☐ General Labor ☐ Debris Removal
☐ Snow Plow ☐ Other: _____