



445 Marine View Ave, Suite 240 | Del Mar, CA 92014
info@maintenancesync.com | (858) 792-5797

VENDOR / BUSINESS APPLICATION AND REGISTRATION FOR APPROVED VENDOR LIST (AVL)

Company Full Legal Name: _____

Company Full legal physical address: _____

Company mailing address (if different): _____

Company website: _____

Email address: _____

Phone Number: _____

Type of Organization (Sole Proprietor, Corp, LLC, etc.): _____

Date and place established: _____

Social Security or Company Tax ID Number (please attach W-9): _____

Contractor License Type and Number: _____

Number of employees: _____

Business License number and cities registered: _____

Company/Policy number of Liability Insurance (please attach copy): _____

Company/Policy number of Workers Comp Insurance (please attach copy): _____

Company/Policy number of Auto Insurance (please attach copy): _____

Name of Authorized Vendor Representative: _____

Signed by Authorized Vendor Representative: _____ **Date:** _____

MaintenanceSync Approval: _____ Date: _____