



VENDOR APPLICATION

680 S. Waterman Suite B-2 San Bernardino, CA 92408

Company Name: _____

Date: _____

*Federal ID# or SS#: _____

Please complete and sign a W-9 form and submit with this application.

Address: _____

City: _____ State: _____ Zip Code: _____

Address to which payments and invoices are to be mailed if different from above:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____

Web Site: _____ Contact E-mail: _____

Contact: _____ Contact Title: _____

Contact Phone: _____ Contact Fax: _____

Check type of ownership:

- Sole Proprietor: Owner's Name: _____ SS#: _____
- Partnership Corporation Nonprofit Other: _____

If your firm has a parent company, what is the status of your firm (check one):

- N/A Division Subsidiary Authorized Agent

If your firm is a division or subsidiary, list full name of parent company: _____

Type of firm:

- Dealer Manufacturer Wholesaler Retailer
- Distributor Service Establishment Construction

Providing:

- Materials/Supplies Services Construction Rent Other

List types of materials/supplies or services your company provides:

INSURANCE: Vendors making deliveries or providing services on Reliant Asset Management Solutions premises shall provide certificates of insurance and shall obtain endorsements naming the Reliant Asset Management Solutions as additionally insured when requested by the Purchasing Department.

I certify that the information supplied herein is correct and that neither the applicant nor any person (of concern) in any connection with the applicant as a principal or officer so far as is known, is now debarred or otherwise declared ineligible by any public agency from quoting or furnishing materials, supplies or services to any agency thereof.

Signature

Date

*W-9 form must be filed in our office to complete registration.