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VENDOR INFORMATION FORM

VENDOR NAME: _____

ADDRESS: _____

PHONE/FAX: _____

SERVICES: _____

LEGAL COMPANY NAME: _____

FEDERAL TAX I.D. NUMBER: _____

BUSINESS LICENSE NUMBER (S): _____

TYPE OF ENTITY: CORP: ____ PSHIP: ____ SOLE PROP: ____

LIABILITY INS. CARRIER: _____

POLICY NUMBER(S): _____

WORKERS COMPENSATION: _____

POLICY NUMBERS: _____

EXECUTED this _____ day of _____ 20____

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM AN AUTHORIZED COMPANY REPRESENTATIVE.

I AGREE THAT I WILL NOT HOLD THE PROPERTY MANAGEMENT COMPANY, ITS AGENTS, EMPLOYEES OR ASSIGNS LIABLE FOR THE PAYMENT FOR ANY WORK PERFORMED OR MATERIALS PROVIDED FOR THE PROPERTIES WHICH ARE OR WERE MANAGED BY THE PROPERTY MANAGEMENT COMPANY.

VENDOR SIGNATURE