

VENDOR APPLICATION

The following information on this page is required in order to process the application			
Company name			
Full name		Other last names	
Home phone		Nicknames	
Work phone	Cell phone	Tax I.D.	
Birth date		Social Sec. #	
		Driver's license #	
What type of work does your company do? Please fill out detail on the following lines.			
Please answer all of the following questions.			
Do you have email?	(Yes) (No)	Email	
Do you have a fax?	(Yes) (No)	List Fax #	
Do you have a cellphone?	(Yes) (No)	Cellular #	
Do you have a contractor's license?	(Yes) (No)	License #	
Do you have a current bond?	(Yes) (No)	Company	
If so, how much do you carry?	\$		
Do you carry current business/liability insurance?	(Yes) (No)	Company	
If so, amount of liability	\$		
Do you have employees?	(Yes) (No)		
Do you use other licensed contractors?	(Yes) (No)		
Do you carry current workman's comp?	(Yes) (No)	Company	
Will you agree to a drug-free policy?	(Yes) (No)		
Do you have a reliable and reasonable vehicle for work?	(Yes) (No)		
Please list four references below			
Reference	Relationship	Reference telephone number	

I, the **UNDERSIGNED APPLICANT**, affirm that the information contained in this application is true and correct, and I authorize Fort Knox Property Management, LLC, to verify all information contained in this application. Misstatements, either false or incorrect are reasons for denial of application. I authorize Fort Knox Property Management, LLC to run a credit report on myself and/or my company.

APPLICANT SIGNATURE	DATE:
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Submit application to Fort Knox Property Management, LLC Bus: (678) 606-9333
 11720 Amber Park Dr. 160 PMB Fax: (229) 516-1254
 Alpharetta, GA 30009 Email: info@fortknoxpm.com