

Coldwell Banker Pioneer Real Estate
REGISTRATION FOR A VENDOR BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:			
Job Contact:		Title	
Phone:	Fax:	E-mail:	
Owner/Operations Manager:		After Hours Contact No:	
Tax Identification No.:	Form W-9 must be included with this Registration.		<input type="checkbox"/>
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS VALIDATION INFORMATION

Type of Business:			
Primary business address:			
City:		State:	ZIP Code:
State License No.:	Copy of License must be included with this form.		<input type="checkbox"/>
License/Bond No.:	Copy of Declaration page must be included with this form.		<input type="checkbox"/>
Copy of Worker's Comp Certificate Must also be included with this registration form, Unless Sole Proprietor.			
<input type="checkbox"/>			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

By submitting this application, you authorize Coldwell Banker Pioneer Real Estate to make inquiries into the business/trade references that you have supplied.

SIGNATURE

X _____ Date: _____