



Exceptional Services for Exceptional Properties

# VENDOR APPLICATION

If you are an experienced and reputable vendor resource, Rafco may have a fit for you. Please fill out the information requested below. We will contact you after we receive your completed form. **Return your application by email to [onsite@rafcoprop.com](mailto:onsite@rafcoprop.com) or fax to 314.721.8533.** Thank you for thinking of Rafco Properties!

Today's Date: \_\_\_\_\_

Legal (Tax) Name of Company: \_\_\_\_\_

Primary Contact(s): \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Tax I.D. # (SSN# if Sole Proprietor): \_\_\_\_\_

Scope of Services Offered: \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Email address(s): \_\_\_\_\_ / \_\_\_\_\_

### Please Complete by Checking the Appropriate Box

1. Company Type: Corporation  Sole Proprietorship  Partnership
2. Any paid employees, casual laborers, or sub-contractors?  Yes  No
3. Do you receive an IRS 1099 form (not a W-2 form)?  Yes  No
4. Do you have General Liability Insurance Coverage?  Yes  No
5. Do you have Workers' Compensation Insurance Coverage?  Yes  No