

# ***Advanced Association Management Group, LLC***

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[www.aamg-va.com](http://www.aamg-va.com)

## **Vendor Application Form**

In addition to completing this form, the following information is needed:

- Certificate of Insurance – must come directly from insurance agent
- Copy of the Commercial Liability Insurance Policy (minimum \$1 million and Worker's Compensation)
- Current copy of Business License
- Completed W-9

<b>Company Name:</b>	
<b>Your Name:</b>	
<b>Your title or position:</b>	
<b>Business Phone:</b>	
<b>Cell or Contact Phone:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	

Information about the company:

<b>Location Address:</b>	
<b>City, State, Zip:</b>	
<b>Tax ID Number:</b>	
<b>Name of Principal Owner:</b>	
<b>Number of Years in Business:</b>	
<b>Type of Company:</b>	
<b>Mailing Address (if different from location):</b>	

Please describe the type of work you are applying for:

<b>Type of Service:</b>	
<b>Description of Services:</b>	

**References** (please include phone number or email address):

	1.
	2.
	3.