



Trade Partner Application Form

After completing the form please fax the application to:

425.646.4024

Attn: Purchasing Department

Date:				
Company Name:				
Address:	Street Address	City	State	Zip
Type of Work:				
Contact Name:				
Office No.:		Other No.:		
Fax No.:		Email Address:		
Areas of Coverage <small>(check all that apply)</small>	King <input type="checkbox"/> Pierce <input type="checkbox"/> Kittitas <input type="checkbox"/>	Snohomish <input type="checkbox"/> Thurston <input type="checkbox"/> Other <input type="checkbox"/>		
Number of Available Crews <small>(if applicable)</small>				
Contractor's License No:				
UBI No.:				



Federal Tax ID:	
Years of Experience:	
General Liability Insurance: <small>(circle one)</small>	Yes No
Aggregate Limits:	\$
Per Occurrence:	\$
Workers Compensation Ins.:	Yes No Exempt
How did you hear of us?	
MBA Membership	<input type="checkbox"/> King Snohomish County MBA <input type="checkbox"/> Pierce County MBA Other: _____



List at least **3 vendor/supplier references** and **2 customer references**. Please explain the previous work performed for each. Provide contact names, numbers, and addresses.

Vendor References (3 references)

Company Name	Contact Information	Type of work

Customer References (2 references)

Company Name	Contact Information	Type of work