

Arnel Management Company

New Vendor Application

When completed, mail to:
Arnel Management Company
949 S. Coast Drive, Suite 600
Costa Mesa, CA 92626
Attn: Caren Nims

Business Name: _____

Owners Name: _____

Federal Tax I.D./S.S.# _____ Business License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____ Fax Number: _____

Representative/Contact Person (if different than above): _____ Title: _____

Phone: _____ Fax: _____ Years Company in Existence: _____

Type of Ownership : (Please check all that apply): _____ Sole Proprietorship _____ Partnership
_____ Limited Liability Company _____ Corporation

Products or Services Provided:

References: (Include 3 contact persons, company name, address, & phone number)

1.
2.
3.

This application references: (Please check one) _____ A one-time service _____ Re-occurring services

Please answer the following questions in detail, providing specific information when required:

(1). Have you had any prior Business or fictitious Business names?

If so, please list all names used: _____

(2). In the past six (6) years, have any individuals in this vendor ownership, including partners, members, officers, or managers been convicted of or had a civil judgment entered against them for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and/or obstruction of justice?

___ Yes ___ No

(a) **If yes**, enter the name(s) of the individual(s).

(b) Describe the criminal conviction(s) and/or civil judgment(s) and the date(s). (Be specific)

(3). Has your Company's Services ever been denied or terminated due to a claim of any sort?

___ Yes ___ No

Documents Required for application process:

Copy of Liability Insurance ___ Yes ___ No Expiration date: _____
(with Limits of \$1,000,000; Naming Arnel as additional insured)

Copy of Worker's Compensation Insurance ___ Yes ___ No Expiration date: _____

Completed W9 ___ Yes ___ No Fed Tax ID #: _____

Copy of Business License ___ Yes ___ No

For Office Use Only

Date Submitted:

Approved ___ Not Approved ___

Vendor #: _____

Application Requirements met: ___ Yes ___ No

Director of Property Services Approval Signature: _____

Note: All vendors must be approved through the Director of Property Services.

Only approved vendors will be authorized to provide and get paid for services.

"By signing below, I certify under penalty of perjury that the information provided is true and correct to the best of my knowledge. I understand it is the vendor's responsibility to update the above information as needed. I further agree that as a vendor, I will conform to all Federal, State, County and City laws, ordinances, codes and regulations covering the products, work or services provided, including but not limited to, obtaining a California Business License as required by the State of California. I understand that it is the vendor's total responsibility to determine specific details of such requirements and warrant that all work performed, or provided, totally conforms to all legal requirements. I understand the submission of this application does not guarantee that this company will be used as a vendor for Arnel Management Company or requested to quote on any or all requirements. I understand it is the vendor's responsibility to follow up and request the opportunity to quote. I understand Arnel Management Company reserves the right to use any and all vendors for the submission of quotes."

Authorized Vendor Representative Signature _____ Date _____

Name _____ Title _____