



**CALIFORNIA ASSOCIATION
OF
HOMEOWNERS ASSOCIATIONS
INCORPORATED**

**PREFERRED VENDOR
APPLICATION FORM**

Name of Company: _____

Name of Owner: _____

Title: _____

Address: _____

City: _____

ZIP Code: _____

Telephone Number: _____ Fax: _____

Email address: _____

Web site address: _____

Type: Corporation: _____, Partnership: _____, Sole Proprietor: _____

Services provided (describe): _____

List Qualifications (describe): _____

Years in Business: _____ Years at this location: _____

Professional Licenses: _____

Insurance: _____

State: _____ Type: _____ Insurance Co. _____

Agent: _____

**PREFERRED VENDOR
APPLICATION FORM CONTINUED**

Business License: _____ Tax ID: _____

References (give name and telephone number of all references):

The following information is necessary to process your application, please check off all documents submitted and **include copies with your application.**

Insurance: ___ Bonds: ___ License(s): ___ Other: ___

A check in the amount of **\$ 350.00** payable to the "California Association of H.O.A.'s, Inc. is enclosed. (MasterCard, Visa) also accepted.

This is to certify that the foregoing and enclosed information is correct and accurate:

Signature: _____ Date: _____

Fax this completed form to the Preferred Vendor Program at (909) 931-0591 or send it with a check payable to: California Association of H.O.A.'s, 1452 W. 9TH Street, Suite E, Upland, CA 91786

For membership inquiries, please call 888-771-7552, or visit us at:
www.calassoc-hoa.com

(MasterCard, Visa) also accepted