



94-216 Farrington Hwy A-107 Box #340

Waipahu, Hi 96797

(808)726-7192

## Vendor Information

### Applicant Information

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business  
Physical  
Location:

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Mailing  
Address:

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please check one:

Corporation  LLC  Sole Proprietor  Individual  Other: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years/Months in business: \_\_\_\_\_

Products or services: \_\_\_\_\_

**G.E Tax License Number:** \_\_\_\_\_

**Business Insurance Provider:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**Vehicles Information:** **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Licenses Plate:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Licenses Plate:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Licenses Plate:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_