

Vendor Information Form

Name of Principal/Officer: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ FAX () _____

E-mail Address: _____

Web Site Address: _____

State of Incorporation/Organization: _____

Are you a division or subsidiary of another company? Yes _____ No _____

If yes, what company? _____

Name of Product: _____

Describe Product: _____

How would the data be used? _____

of BAREIS Member/Client(s): _____ Name: _____ Office Name: _____

(If more than one BAREIS Member/Client, please attach a list of the member/client's names and office names.)

Will the product be offered to any other agents? Yes _____ No _____

Will the data be available to any other site? Yes _____ No _____

Technical Contact Name: _____

Technical Contact Phone: _____

Technical Contact E-mail: _____

Billing Contact Name: _____

Billing Contact Phone: _____

Billing Contact E-mail: _____

Type of Access Required: *(Please choose one)* Ftp _____ RETS _____

URL to sites you have done in the past? _____

Note: It takes a minimum of two weeks to process a vendor application for access. Vendor access is not generally granted for "development" purposes. Vendor access is granted only to firms with a valid business relationship with a BAREIS member.

