



VENDOR INFORMATION AND SIGNATURE FORM

1. Vendor _____

Individual Limited Liability Company Partnership Corporation Other: _____

2. Vendor Company Address:

Street Address _____

P.O. Box (if any) _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax No. _____

1st Contact Name _____ Title _____

2nd Contact Name _____ Title _____

3. List the location of the Vendor's office which would perform the work.

Street Address _____

P.O. Box (if any) _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax No. _____

1st Contact Name _____ Title _____

4. Does Vendor hold any registrations or licenses with the State of Florida applicable to the contract?

Yes { } No { }

If yes, provide the following information and attach one (1) photocopy of each listed license (attach additional sheets if necessary):

Type of registration _____

License No. _____ Expiration Date _____

Qualifying individual _____ Title _____

5. What are the Vendor's current insurance limits? (Provide a copy of applicant's Certificate of Insurance.)

General Liability \$ _____

Automobile Liability \$ _____

Workers Compensation \$ _____

Expiration Date _____

6. Has the Vendor been cited by OSHA for any job site or company office/shop safety violations in the past two years?

Yes { } No { }

If yes, please describe each violation, fine, and resolution:

7. Has the Vendor experienced any worker injuries resulting in a worker losing more than ten (10) working days as a result of the injury in the past two years?

Yes { } No { }

If yes, please describe each violation, fine, and resolution:

The undersigned acknowledges, by the below execution of this document, that all information provided herein has been provided in full and that such information is truthful and accurate.

The undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by Terra Management Services, LLC , deemed necessary to verify the statements made in this application or attachments hereto, or regarding the ability, standing and general reputation of the applicant.

Submitted this _____ day of _____, 20__.

(Name of Vendor)

By: _____

Print Name: _____

Title: _____

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this ____ day of _____, 20__, by _____, the _____ of _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

SEAL

Signature of Notary