

islandcolonypartners

445 Seaside Avenue, Mezzanine Floor, Honolulu, HI 96815
Office: 921-7110 / Fax: 808-922-3809

Vendor Registration Form

Please print clearly in black or blue ink.

REQUIRED DOCUMENTS FROM VENDOR:

Certificate of Insurance

Tax Clearance Form

Copy of GET License

Application Fee \$75

VENDOR			
NAME <small>(Last, First MI)</small>		COMPANY	
SSN/FED ID #		UNIT(s) SERVICING	
MAILING ADDRESS <small>(street, city, state, zip code)</small>			
OFFICE PHONE		MOBILE PHONE	
FAX		EMAIL	

ISLAND COLONY UNITS SERVICING:

UNIT #		OWNER NAME	
UNIT #		OWNER NAME	
UNIT #		OWNER NAME	
UNIT #		OWNER NAME	
UNIT #		OWNER NAME	