

# Vendor Application

Vendor Name:				
DBA:				
TAX ID#:				
Contact Name:				
Address:				
City:		State:	Zip:	
Phone:		Cell:		
Email Address:				

Applications without the following **will not** be processed:

- **Tax ID #**
- **W-9**
- **Certificate of Insurance** (COI must name Community Management Group as a certificate holder)

Please email completed form, along with W-9 and COI to: **accounting@cmgcharleston.com**