

**VENDOR / SERVICE PROVIDER
REGISTRATION FORM**

Olympia Master Association, Inc.

Please PRINT all information CLEARLY

Last Name _____ First Name (s) _____

Address _____ City _____ Zip _____

Home Telephone _____ Village _____ Lot _____

Vendor/Service Provider Name: _____

Type of Vendor/Service Provider: _____

Vendor Phone Number: _____

Requested Expiration Date (optional): _____

Proof of Service: Circle one and attach copy.

Cancelled check Contract for Service Invoice/Bill Cash Receipt

I understand the technician registered will be required to show Photo ID and proof they are employed by the registered Vendor. I further understand that except in the event of an emergency, Vendor will only be permitted access to the Community Monday through Saturday between 7 AM and 6 PM.

Vendor Lists will be purged every January 1st and July 1st. All Vendors must be re-registered prior to those dates.

Signature: _____ Date: _____

Office Use Only

Please verify all information in Database is up-to-date prior to approving this application.

Approved _____ Disapproved _____ Expiration Date (if applicable) _____

DATE _____ BY _____