VENDOR APPROVAL APPLICATION

Forward this request by fax or mail to:
Capitol Property Management, 3914 Centreville Road, Suite 300, Chantilly, VA 20151
fax: (703) 707-6401

Date _____

Your Name _____

Company Name _____

Company Address _____
_____

Website Address _____

What is the best way to contact you should we need additional information?

☐ Phone _____

☐ E-mail _____

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1. Description of services your company provides:

_____
_____
_____

2. My company provides the above services for the following clientele (circle those that apply)**:**

commercial | residential: multi-family properties, single-family properties | other: _____

3. Hourly rate (if applicable)**:** $ _____

Are you willing to offer discounts under certain terms? If so, please describe terms:

_____
_____
_____

4. What is your preferred service area? _____

5. Does your company offer 24-hour emergency service? Yes No

REFERENCES

Name	Company	Phone Number
1)		
2)		
3)		