



**Vendor Data Sheet & Application**  
(Page 1 of 2)

**GENERAL INFORMATION:**

1. Firm or Business Name: \_\_\_\_\_
2. Doing Business As (DBA): \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. Billing Address: \_\_\_\_\_
5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Telephone ( ) \_\_\_\_\_ 7. Fax ( ) \_\_\_\_\_
8. Please list all offices and/or affiliate addresses below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. E-Mail Address: \_\_\_\_\_
10. Accounts Payable Contact Name: \_\_\_\_\_
11. Years in Business \_\_\_\_\_ 12. Federal Tax Number: \_\_\_\_\_
13. Type of Business:     \_\_\_ Sole Proprietorship     \_\_\_ Corporation  
                                  \_\_\_ Partnership             \_\_\_ Subsidiary
14. Type of work: \_\_\_\_\_
15. Proprietor, Partners, Officers, if incorporated:  
Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS# \_\_\_\_\_  
Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS# \_\_\_\_\_
16. Year Business Established: \_\_\_\_\_ 17. At Present Location Since? \_\_\_\_\_
18. List employee(s) names and titles that can sign contracts and/or authorize purchase orders/work orders on behalf of your company:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_
19. Are you accredited by the Better Business Bureau?     \_\_\_ Yes     \_\_\_ No

**CREDIT REFERENCES: (Please provide three)**

1. **Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**How Long Have You Been Doing Business With This Company?** \_\_\_\_\_

2. **Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**How Long Have You Been Doing Business With This Company?** \_\_\_\_\_

3. **Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**How Long Have You Been Doing Business With This Company?** \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with Paragon Management Group and/or Paragon clients. I hereby agree that Paragon Management Group may investigate my record and that, if approved, Paragon may furnish this authorization to secure the information they need to establish a business relationship.

\_\_\_\_\_  
**Name** **Title**

## **INSTRUCTIONS:**

- 1. FILL OUT FORM COMPLETELY**
- 2. SCAN OR TAKE PICTURE OF FORM**
- 3. SEND FORM TO [OPERATIONS@FHBUILDERSINC.COM](mailto:OPERATIONS@FHBUILDERSINC.COM)**
- 4. FHBUILDERS WILL CONTACT YOU WITHIN 48 HOURS TO LET YOU KNOW YOU HAVE BEEN APPROVED OR NOT.**