



Vendor Application

Lifestyle Caddy has carefully cultivated an elite network of service partners. Our stringently screened, constantly monitored partner network provides the highest quality of products and services with the utmost customer care.

We do not enter into exclusive partner arrangements, thereby ensuring absolute integrity and allowing us to tailor referrals to the precise needs of each unique request. We invest a significant amount of time building relationships with our service partners so that our clients are able to enjoy privileged access and unique opportunities which are not typically available to the general public.

Once you have completed the form in it's entirety follow the following steps:

1. Fax it to 949.270.1702 Attn: Vendor Relations Dept.
2. Mail back this original application, along with a copy of a company brochure of services, rate sheets and business card so that we may add it to our records. The envelope should be addressed: **Lifestyle Caddy, Attn: Vendor Relations Dept., 1048 Irvine Avenue, #318, Newport Beach, CA 92660**

| > Vendor Application | | | | | | |
|---|-----------|---------------|--|-------------|----------------|------------------|
| Company Name | | | Authorized Agent | | Title | |
| Company Address | | | City | | State | Zip Code |
| Contact Name | | Contact Phone | | Contact Fax | | E-mail address |
| Industry | Licensed? | License # | Bonded? | Insured? | # of employees | Yrs in business? |
| May we list your business on the Lifestyle Caddy website under the heading of "Preferred Vendors"? ___Yes___No. | | | May we use your logo and link to your web site? ___Yes___No. If "Yes" please provide a disc in this application with your logo. | | | |
| What are your regional service areas? | | | | | | |

| > References (Please give us the names of three clients (either current or within the past six months.) | | | |
|---|---|-------|-------------------|
| 1. | Client Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Phone | Fax |
| | Address, City, State, Zip | | Service performed |
| 2. | Client Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Phone | Fax |
| | Address, City, State, Zip | | Service performed |
| 3. | Client Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Phone | Fax |
| | Address, City, State, Zip | | Service performed |

All information contained in this application is true to the best of my/our knowledge. I hereby grant permission to Lifestyle Caddy, its Directors, Officers and legal representatives to verify all information included in this application.

Lifestyle Caddy Authorized Representative

Client

Date

Date