

### CT Property Owners Alliance, LLC

P.O. BOX 4795. Waterbury, CT 06724 P. (800) 369-6153 F. (800) 900-9773

## **Vendor Affiliate Application**

I (we) the undersigned, hereby apply for membership as a CTPOA Vendor Affiliate and agree to abide by the standards and conditions of the Connecticut Property Owners Alliance - Vendor Affiliate Program. Additional background checks with the Better Business Bureau or other organizations may be included in the screening process.

#### PRINCIPLES, PRACTICES AND STANDARDS FOR VENDOR AFFILIATES

- 1. To be in business not less than one (1) year, or be a separately located unit of an established business or organization whose principal officer has furnished a favorable record in this screening process.
- 2. As necessary, supply background information about the company, principals and employees, or other information deemed essential to the screener reviewing this application and provide necessary with factual reports which bear on the reliability of businesses seeking membership.
- 3. To respond immediately and honestly to all complaints forwarded by consumers to CTPOA and seek an immediate and timely resolution to any dispute.
- 4. To supply, upon request, any evidence upon which an advertising or selling claim is based.
- 5. The fee for screening this application is a one-time charge of \$40.00 and is payable with your first year's annual membership fee upfront. The screening fee is non-refundable.

I (we) agree to pay a Screening Fee in advance, commencing immediately. If application is rejected I understand I will be refunded for the amount of the application fee. Screening fees are non-refundable. If your membership is declined, we will refund your \$299 membership fee.

## REGIONS OF SERVICE - Select One

☐ Greater Bridgeport Connecticut	☐ Greater New Haven Connecticut	☐ Northern Fairfield County Connecticut
<ul> <li>Greater Bristol Connecticut</li> <li>Greater Enfield and Northern Hartford County Connecticut</li> </ul>	☐ Greater Waterbury Connecticut ☐ Litchfield County Connecticut ☐ Litchfield County Connecticut	<ul><li>Northern New London County Connecticut</li><li>Southern New London County</li></ul>
☐ Greater Hartford Connecticut ☐ Greater Meriden-Wallingford Connecticut ☐ Greater New Britain Connecticut	<ul><li></li></ul>	Connecticut  Tolland County Connecticut  Windham County Connecticut

#### **VENDOR AFFILIATE BENEFITS**

- Free attendance at all CTPOA meetings and events for the service area that you have registered for, except where food or beverage charges apply.
- Access to display your company's marketing material on the vendor affiliate table at events
- Have your business listed in the CTPOA Quarterly Vendor Directory
- EBlast your participation in the CTPOA Vendor Program
- Facebook "Shout Out" announcing your CTPOA Vendor Program membership
- 10% discount on advertising rates in the CT Real Estate Today Magazine and banner ads
- Engage in a direct marketing campaign to CTPOA's contacts base for an additional cost

#### CODE OF ETHICS FOR VENDORS IN THIS COOPERATIVE DATABASE

All applicants must sign this pledge of ethics. Each firm is pledged to observe high standards of honesty. Integrity and responsibility in the conduct of business by:

- Promoting in good faith only those products and services which are known to be functionally and economically sound, and which are known to be consistent with objective standards of health and safety.
- Making all advertising and sales promotion factually accurate, avoiding those practices which tend to mislead or deceive the customer.
- Writing all contracts and warranties such that they comply with federal, state and local news.
- Promptly acknowledging and taking appropriate action on all customer complaints.
- Refraining from any act intended to restrain trade or suppress competition.
- Attain and retain licensing and/or registration as required by federal, state, and local law.
- Attaining and retaining insurance as required by federal, state, and local authorities.

## CODE OF ETHICS AGREEMENT

I agree to abide by the code of ethics above:	(sign)
Date//20	
Print Name:	

# Please complete the following information, incomplete applications will not be processed. Please print clearly.

Company Name: Date Your Bus	iness Was Founded: DBA Name:
Address: City:	State: Zip:
Phone: Fax: ( )	Email : Website:
Name of Business Owner:	Registration or License #:
Type of Company:	Region of Service: (additional areas available - \$150 each)
Trades:	
Please Provide Two (2) Business References	
Reference 1: Name Company:	Phone Email
Reference 2: Name Company:	( ) Phone Email
Insurance Information: Proof of insurance	re must be provided prior to your company being listed.
Insurance Carrier:	Insurance Carrier:
Agent:	Agent:
Phone: ()	Phone: ()
Policy #:	Policy #:
Type: Workers Compensation General Liability	Type: Truck Auto
How long have you had this policy?	How long have you had this policy?
Payment Method	
Credit Card Number:	Expiration Date: CSV #: Authorized An
IF PAYING BY COMPANY CHECK, PLEASE ENCLO	OSE YOUR CHECK WITH APPLICATION WHEN RETURNED BY MAIL
Application Signature:	Date: / / 20