



## Vendor or Private Locator Application

Name of Company: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Representative's Email: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please select all that apply:  Vendor  Private Locator  Board Member

### Website Information

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To have your company information listed on the website, please provide the following information to be displayed:

Company Name: \_\_\_\_\_

Website: \_\_\_\_\_

Products/Services you offer: \_\_\_\_\_

Area(s) you  
service: \_\_\_\_\_

Local Point of Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please email [marketing@sc811.com](mailto:marketing@sc811.com) a file of your logo. Vector files (.eps or .ai) preferred.

### Billing Information

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Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Term:  Monthly  Quarterly  Annually  Semi- Annually

\*\*Flat Rate and Contract Locator members are billed annually.

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Please visit <http://sc811.com/> for copies of our law and frequently asked questions regarding membership.

### TERMS OF SERVICE

MEMBERSHIP IS FOR ONE CALENDAR YEAR. YOU WILL BE BILLED IN JANUARY FOR THE YEAR OF MEMBERSHIP. IF YOU INTEND TO CANCEL YOUR MEMBERSHIP, YOU MUST GIVE A WRITTEN NOTIFICATION TO SC811 60 DAYS PRIOR TO THE BEGINNING OF THE YEAR.

MEMBERSHIP WILL BE PRORATED BASED ON WHEN IN THE YEAR THE MEMBER JOINS.

**By printing, signing, or otherwise entering your name electronically on this document, you authorize us to use your electronic signature in lieu of a handwritten signature. You agree that your electronic signature will be enforceable as and to the full extent of a hand-written signature as an original handwritten signature for enforcement/enforceability of this document containing the electronic signature(s) whether in court (state or federal), arbitration, or otherwise, You will not raise any defenses or invoke regulatory or statutory claims attempting to invalidate the enforceability of this document to which the electronic signature is affixed.**

Please print or type:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_