

Date: \_

## Affinity Group Inc.

Office: 4800 Meadows Road, Suite 300, Lake Oswego, OR 97035 Mail: 19363 Willamette Drive, PMB 257, West Linn, OR 97068

## Tim Benintendi

Property Mgr.,Broker 503-635-4455 Direct 503-699-7178 Fax

## INDEPENDENT CONTRACTOR / VENDOR REGISTRATION

YOU MUST BE LICENSED AND INSURED TO DO WORK FOR AFFINITY GROUP INCORPORATED

This form must be completed in it's entirety in order to register your company as an authorized vendor of Affinity Group Incorporated. Failure to complete all required information may delay processing and/or acceptance of your company as a vendor and any payment of invoices. SERVICES MAY NOT BE PERFORMED AND PAYMENT IS NOT TO BE PROCESSED FOR ANY COMPANY WHICH HAS NOT BEEN APPROVED AS A VENDOR / INDEPENDENT CONTRACTOR FOR AFFINITY GROUP INC.

	[] Supchapte	r S. Corporatioin	[ ] Partnership [ ] Assumed Business Name [ ] Limited Liability Corporation	
Business Name:			Bus. Lic. # / Tax I.D. #	
Contractor's Construction Board #			Landscaper's License #	
Billing Address:			Business Tele.	
			Business Tele.	
Bookkeeper / Contact	Person:			
Principal Type of Busi	ness Service y	our Firm provides: _		
LICENSES / INSURA	NCE:			
General Liability Insurance Company:			Exp. Date:	
Policy #		Agent Name & Tel	e.#:	
Worker's Compensation	on Carrier: _		Exp. Date:	
Policy #		Agent Name & Tele. #:		
Minimum Requirem	ent for Insur	ance:		
General Aggre	egate	\$500,000	Products / Comp Ops Aggregate	\$500,000
Personal Injury	y	\$500,000	Each Occurrence	\$500,000
Fire Damage (	per fire)	\$100,000	Medical Expense (each person)	\$ 15,000
I agree to provide a Group Incorporated			the applicable insurance policies and	also list Affinity
Affinity Group Incorp myself to others as an	s status shall borated (A.G.I employee or	be that of an independ .) or any affiliated co agent of A.G.I. or aff	dent contractor and not that of an agent ompany. I (Contractor/Vendor) agree n filiated companies. I (Contractor / Ven I. or use any supply accounts in the na	ot to represent ndor) agree not to
I AGREE TO THE TE	RMS HEREIN	N AND THAT THE A	BOVE INFORMATION IS TRUE AND	) CORRECT:
SignatureIndependent Contractor			 Date	