



VILLAS OF WINDMILL POINT II POA., INC.

273 SW STERRETT CIRCLE, PORT ST. LUCIE, FLORIDA 34953-3325

WEBSITE: VWP2.COM

EMAIL: POA@VWP2.COM

**PHONE: (888) - POA-VWP2
(TOLL-FREE) - (888) - 762-8872**

**FAX: (888) - FXX-VWP2
(888) - 390-8872**

NEW VENDOR / BUSINESS APPLICATION AND REGISTRATION

Company Full Legal Name: _____

Company Full legal physical address: _____

Company mailing address (if different): _____
_____ Email address: _____

Phone Number: _____ Fax Number: _____

Type of Organization: _____

Date and place established: _____

If a subsidiary or division, provide parent company name and address here (or write N/A):

Company Tax ID Number: _____ Number of employees: _____

- Please provide up to three references of names, addresses and phone numbers:
1. _____

 2. _____

 3. _____

Name, address and phone number of Liability Insurance Company:

