



Riverside Sheriffs' Association Preferred Vendor Application

Date: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Toll Free: _____

Email: _____ Company Website: _____

Contact Person: _____

Referred to RSA by: _____

DESCRIBE YOUR SERVICES:

DESCRIBE SPECIAL RATES, DISCOUNTS, AND/OR OTHER SPECIAL PROGRAMS THAT WILL BE OFFERED TO THE RSA MEMBERSHIP. (ATTACH ADDITIONAL SHEETS IF NECESSARY):

EXECUTIVE BOARD USE ONLY

DATE RECEIVED _____ DATE REVIEWED _____ TRACKING NUMBER _____

APPROVE _____ DENIED _____

COMMENTS:

CERTIFIED BY: _____

