

**PREFERRED VENDOR  
REFERRAL APPLICATION**

**COMPANY NAME** \_\_\_\_\_

**CONTRACTOR NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**WEB SITE** \_\_\_\_\_

**EMERGENCY NUMBER** \_\_\_\_\_

**DESCRIPTION OF SERVICES PROVIDED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make check payable to the:  
Newport Landing Homeowners Association  
PO Box 1233  
Fenton, MO 63026

Please include a copy of  
your companies logo with  
your application.