AppraiserEdit Page 1 of 3

## **Vendor Profile**

Name:	John	Do		Lea	*			
Designation:	Certified Appl							
Company Name:	Test Client 99							
Taxable Entity:	I GOL CHIGHT 33							
Tax ID/SSN: Vendor Reference ID:	99-9999000			*) ←	re <sub>j</sub> do bu	atches the ported on vocument. ( atton below	W-9 IRS Click 'SAVE	≣'
Email:	Prim ary:	home.valu	e@comcast.	net	*			
	Secondary	:						
Phone #:	Business:	763-255-237	70	*				
	Cell:			Carrier:	Selec	t a Carrier	-	
	Hom e:			]				
	Fax:							
Web Site:								
Communication Method:	Email •							
Address:	11332 86th Ave N				*			
	C ±y: Maple	Grove	* 6	State: MN	* Z <u>i</u>	55369	*	
Mailing Address:								
Licenses:	License #:	*	State:			Exp. Date:	Certifica	
	99999999		Minnesota	a	-	8/31/2013	V	
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	Environmental			-	
	Relocation Appraisal				ı
	Select from the	list of Comm	nercial Types:	Add >>	Thi
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	Free-Standing Retail Neighborhood Shopping	Center			_
	Community Shopping Ce		<< Remove		
	General Office Medical/Dental Office				
	Veterinarian Office				
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Coverage					
Area:	Click here for Enhanced	l Coverage Ar	<u> </u>		
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	Coverage Per Incident:	\$ 1,000,000.00	)		
	Expiration Date:	10/4/2016			
General	Com pany Nam e:				

## **John Doe's Documents**

File Name	Uploaded By	Upload Date/Time	Description	Options	
2010 W-9 Signed. pdf	gilbert@hvai.com	4/28/2011 4:17:26 PM	W-9	<u>Delete</u>	Forward
E&O Expires 10- 2013.pdf	john@hvai.com	7/27/2012 1:10:16 PM	E & O	<u>Delete</u>	Forward
Appraiser License Expires 08-2013.pdf	john@hvai.com	7/27/2012 1:10:35 PM	License	<u>Delete</u>	Forward

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