

VENDOR APPLICATION



Company information submitted on this application will be displayed on the ILA website

Company:

DBA Company Name if Applicable:

Contact
Name:

Title:

Cell Phone:

Email:

ILA Contact
(if different from above):

Title:

Cell Phone:

Email:

Main Address:

City:

State:

ZIP Code:

Company Phone:

E-mail:

Fax:

Website Address:

Is your company a member of the National Limousine Association (NLA) ? Yes No

Please provide a brief description of products and services offered by your company:

SIGNATURE

I certify that the above information is true and correct.

Print Name:

Signature :

Date:

Annual Dues: \$350 USD

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Email: illinoislimousineassociation@gmail.com