



Preferred Service Provider Application

If any question is not relevant, please skip question. Attach separate piece of paper if more space is needed to make additional comments about your business.

Name & Title of Person Completing Application **(Please Print)**

Phone (s) _____ Email: _____

Name of Company _____

Mailing address _____

Street Address or P. O. Box

City

State

ZIP

1) Services offered _____

If any of these services require a state license, enter state organization and license number:

2) How long have you been in business? 1 year 2-5 years 6-10 years 10+ years

3) Are you bonded? Yes No

4) What type of insurance do you carry? Workers Comp Commercial liability
 Other (please describe)

5) Please list at least three recent residential references (with phone numbers):

NAME	PHONE NUMBER
_____	_____
_____	_____
_____	_____

6) Do you provide free estimates? Yes No

7) What is your hourly rate? _____ What is your minimum charge? _____

8) Do you require a deposit? Yes No If so, what percentage? _____

9) Are 24/7 emergency services available? Yes No

10) What forms of payment are accepted? Cash Checks Credit cards

11) How can members request your service? Phone Email Text Message

12) Who does the work, you or employees? Self Employees Both

13) What background checks/screening do you do on employees? _____

(Signature)

(Date)