

## Preferred Service Provider Application

Skip any question that is not relevant. Attach separate piece of paper if more space is needed to make additional comments about your business. **Return application to address below with check payable to LOWLINC for \$17 to cover the background check.**

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)