



VENDOR APPLICATION

Company Name: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Emergency Number: _____

Email Address: _____

Address: _____

City: _____ State: _____

Zip: _____

Federal Tax ID# _____

Do you perform work directly for clients nationwide or regional such as banks, and retail restaurants?

YES or NO

Have you ever worked with a National Maintenance Company?

YES or NO

Do you specialize in residential, commercial, or both?

Please see the 4th page to list trade services.

What is your service range?

Coverage range (please check one): National Regional
 Local

Primary area(s) covered by Zip Code/Postal Code in which no additional charges apply?

Do rates change based on area? YES or NO - if yes, please explain:

Are you available 24/7/365? YES or NO – if no, what are your hours?

What is your initial charge for a site visit; i.e. first-hour rate + trip charge (if applicable)?

What are your hourly rates?

What are your regular work hours?

What are your emergency rates?

What are your emergency hours?

Do you charge a travel fee? YES or NO – if yes, how much?

What is your average turnaround time by trade?

Please provide the following information to our office along with this form:

W-9

COI listing Inland Fixture as additionally insured

Contractors License#:

Please note, our clients typically pay net 30 - 45 days. Are you comfortable with net terms? YES or NO - if yes, net 30 or net 45?

(continued on next page)

TRADE SERVICES

Please mark each that apply:

Audio/Visual

Awning

Cleaning

Data

Debris Removal

Door

Electrician

Elevator

EPA Certified

Exterminator

Fire Protection

Flooring

Gate/Overhead Door

Glass

Handyman

HVAC

Landscaping

Locksmith

Machinery/Hydraulic

Mold/Air Quality

Moving/Storage

Paving/Concrete

Plumber

Press/Boiler

Project

Restaurant Equipment

Roofing

Security

Sewing

Signs

Suppliers

Tinting

Wallcovering