



Vendor Application Form

Contact Information:

Business Name: _____

Contact Person: _____ Alt. Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Services Performed (Check all that apply to your company):

Inspection Services:

<input type="checkbox"/> Property Inspections	<input type="checkbox"/> InspectionsCommercial	<input type="checkbox"/> Mobile Home Inspections
<input type="checkbox"/> Interview Inspections	<input type="checkbox"/> InspectionsMerchant Site	<input type="checkbox"/> Natural Disaster Inspections
<input type="checkbox"/> BPO/Appraisals	<input type="checkbox"/> Insurance Loss Inspections	<input type="checkbox"/> _____

Property Preservation Services:

<input type="checkbox"/> Lock Changes	<input type="checkbox"/> Lawn Services	<input type="checkbox"/> Repairs/Rehab	<input type="checkbox"/> Roof Patching/Tarpping
<input type="checkbox"/> Boarding	<input type="checkbox"/> Eviction	<input type="checkbox"/> FHA Conveyance Work	<input type="checkbox"/> _____
<input type="checkbox"/> Winterization	<input type="checkbox"/> Pool Covering	<input type="checkbox"/> Debris Removal	<input type="checkbox"/> _____

Discount Rate Given: _____%

Number of years experience: _____

Insurance Coverage

Insurance Company: _____ Policy Expiration: _____

General Liability Worker's Compensation

Coverage Type: Errors & Omissions Other _____

References:

Name: _____ Contact Person: _____ Phone: _____ Years Employed: _____ Services Provided: _____
Name: _____ Contact Person: _____ Phone: _____ Years Employed: _____ Services Provided: _____
Name: _____ Contact Person: _____ Phone: _____ Years Employed: _____ Services Provided: _____

Signature _____ Date _____

Please fax your completed application to (270) 596-0856 or email it to info@twelve24inspections.com. Be sure to include your coverage area with this application.