



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)

Mail form to: LOWLINC, Box 518, Locust Grove, VA 22508 or email to coordinator@lowlinc.org