



Vendor Application (Please print)

To best serve our members we would appreciate you fully completing the application form. Please include a copy of any licensure, insurance, affiliation cards or any other pertinent information needed for your trade or business.

Business Name: _____ Type of business: _____

Business Address: _____

Business Phone: _____ Business Cell Phone: _____

Business Beeper Number: _____ Business Fax Number: _____

Business Website Address: _____

Business Hours of Operation: _____

Are you available evenings? _____ If so, what hours? _____

Are you available weekends? _____ If so, what hours? _____

Depending upon the nature of your business, how do you handle customer emergencies?

How long in business or trade? _____

List any affiliations: _____

Primary contact person: _____ Title: _____

Primary contact phone number: _____ Cell phone number: _____

Primary Contact e-mail address: _____

Secondary business contact person: _____ Title: _____

Secondary contact phone number: _____ Cell phone number: _____

Secondary contact e-mail address: _____

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Neighborhood Connections

May we share your information with other organizations that may need your services? _____

Would you care to contribute to a member scholarship fund for those who wish to become members but cannot afford the initial membership fees or services? _____ If yes, the amount you would like to contribute? _____

Please fill out applicable information according to your business trade and attach a copy of pertinent information for each employee that would be working in the home of any of our members. Please complete any additional employees on back. Please include a copy of any licensure, insurance, affiliation cards or any other pertinent information needed for your trade or business.

Name: _____ Title _____

License # _____ Date of expiration: _____

Insurance Policy #: _____ Insurance Company: _____

List any other applicable information: _____

Name: _____ Title _____

License # _____ Date of expiration: _____

Insurance Policy #: _____ Insurance Company: _____

Please attach copies of all applicable information. Thank you.



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All applying vendors MUST give reference information.

Please complete information for 3 professional references:

1.) Name: _____ Title: _____ Company: _____

Phone Number(s) _____ E-mail address: _____

What is your affiliation? _____

How long affiliated? _____

2.) Name: _____ Title: _____ Company: _____

Phone Number(s) _____ E-mail address: _____

What is your affiliation? _____

How long affiliated? _____

3.) Name: _____ Title: _____ Company: _____

Phone Number(s) _____ E-mail address: _____

What is your affiliation? _____

How long affiliated? _____

Please sign and date:

Signature _____ Date _____