

COMPANY INFORMATION

Company Legal Name		Company DBA	
Owners Name(s)			
Mailing Address		Email(s)	
Telephone #		Fax #	
Mobile Phone #		# of Employees	

QUESTIONS

	YES	NO
1. Do you background check your employees?		
2. Do you verify your employees are legal to work in the US?		
3. Do you subcontract your work?		

TYPES OF SERVICE(S) THAT CAN BE PROVIDED *(check all that apply)*

Janitorial <input type="checkbox"/>	Windows	Hard Floors <input type="checkbox"/>	Other (indicate below)
	Standard <input type="checkbox"/>		
Construction Cleaning <input type="checkbox"/>	High <input type="checkbox"/>	Escalator Cleaning <input type="checkbox"/>	
Water Extraction <input type="checkbox"/>	Carpet Cleaning <input type="checkbox"/>	Awnings <input type="checkbox"/>	
Power Washing <input type="checkbox"/>	High Dusting <input type="checkbox"/>		

YOUR SERVICE AREA LOCATIONS BY ZIP CODE

Separate each by a comma and attach additional sheet if necessary.

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LIST TWO EXISTING CUSTOMERS

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IF DOING BUSINESS WITH OTHER MANAGEMENT COMPANIES, INDICATE THE COMPANY NAME

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AVAILABILITY FOR SERVICE(S)

Monday to Friday <input type="checkbox"/>	Morning <input type="checkbox"/>	Overnight <input type="checkbox"/>
Monday to Sunday <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Emergency <input type="checkbox"/>
__ Mon __ Tues __ Wed __ Thurs __ Fri __ Sat __ Sun	Evening <input type="checkbox"/>	Other:

INDICATE ALL TYPE OF EQUIPMENT YOU HAVE AVAILABLE

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AUTHORIZATION

Print Name _____	Title _____
Authorized Signature _____	Date _____

NJS - INTERNAL USE ONLY - Indicate

* New * Existing/Inactive * Resubmittal..... Pre-qualified by