

Homecare Professional Contractors Alliance Application

Date: _____

Company Name: _____

Company Address: _____

Mailing Address (if different): _____

Primary Representative: _____

Name

Title

How are phones answered?

a) **During normal working hours** _____

b) **After Hours** _____

Company Contact Information

1. Main Phone Number: _____

2. Fax Number: _____

3. Website Address: **www.** _____

Primary Contact:

1. Cell Number: _____

2. Email Address: _____

3. Home Phone Number: _____

About the Company:

1. Years in business _____

2. Business License **Y** **N** What City? _____

3. General Liability Insurance - Name of Insurance Company: _____
(please attach copy)

4. 3 Trade References:

Company	Contact Person	Phone Number

Primary Services:

Customer Service Program: *List awards that set you apart.*

Three Top Marketing Programs:

List 10 clients served within the last 6 months

Name	City	Date of Service	Best time to contact? Contact by (email or phone#)?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Applicant Signature/date