

Mascot Affiliation Network Application

Date: ___/___/_____

Company Name:

Company Website:

Address:

City / State / Zip:

Office Telephone:

Office Fax:

Email:

Primary Service:

Secondary Service:

Services:

Painting

Electrical

Roofing

Gen. Maint

Plumbing

Flooring

Glass

Locks/Safe

HVAC

Carpentry

Window Wash

Doors/Gates

Landscape

Drywall

Steam Clean

Janitorial

Other Services: _____

Is your Company Licensed? Yes
(If yes, provide proof of licenses) No

Is your Company Insured? Yes
(If yes, provide certificate of insurance) No

Coverage:

Local

Statewide

Regional

National

States/Cities/Zip Codes Covered (Attach additional page if necessary): _____

1st Dispatch Contact Name:

2nd Dispatch Contact Name:

1st Dispatch Contact Email:

2nd Dispatch Contact Email:

1st Dispatch Telephone:

2nd Dispatch Telephone:

Emergency Telephone:

After Hours Telephone:

Are you a 24/7/365 Provider?

Yes

No

If no, Hours of Operation:

__:__:__ AM to __:__:__ PM

Are you a Union Shop?

Yes

No

Are you: (Check all that apply)

Minority Owned

Woman Owned

Small Business

Disabled Veteran

Number of Techs Available:

Number of Trucks Available:

Equipment Available for Service: _____

Affiliate Rates

	<u>Business Hours</u>	<u>Overtime Rate</u>	<u>Sunday/Holiday Rate</u>
Hourly Rate (Per Man):	\$ _____	\$ _____	\$ _____
Single Trip Charge:	\$ _____	\$ _____	\$ _____
Helper Rate (Per Man):	\$ _____	\$ _____	\$ _____
<u>Normal Business Hours:</u>	__:__:__ AM to __:__:__ PM		<u>Materials Markup:</u>
<u>Overtime Business Hours:</u>	__:__:__ PM to __:__:__ AM		_____ %

PLEASE NOTE - No upcharge for same day service during business hours will be allowed.

Do you Self perform services?

Yes

No

Is your company Portal to Portal?

Yes

No

Will priority service be given to Affiliate Network service calls?

Yes

No

Does your company obtain signatures on work orders upon completion of work?

Yes

No

What are your company's Check In/Check Out procedures for service calls?

Can you meet a 24 - 48 hour quote turn around time?

Yes

No

Do your technicians have access to a camera and the ability to email photos?

Yes

No

All information provided herein is true and correct. Applicant understands the information provided to Mascot will be used and relied upon by Mascot in it's decision to accept Applicant in the Network and provide business to Applicant.

Applicant Name

Signature

Date