# Contract Placement Application

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|---|---|
| Name | |
| Business Name | Website: |
| Address | |
| City/State/Zipcode | |
| Country | |
| E-mail | |
| Office Phone | (  )(  ) (  ) |
| Cell Phone | (  ) (  ) (  ) |

**Best time to contact you:** **AM** _____ **PM** _____

**Describe your Business Services:**

**How long have you been in business?** _____ How **many employees?** _____

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| Annual Sales Volume: | |
| Do you have Janitorial Equipment? | |
| Do you have Workman Compensation? | |

Do you have General Liability Insurance and Bond? Yes No

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| Can you strip & wax floors? Yes No |
| Can you shampoo carpets? Yes No |
| How far are you willing to travel? 25 miles 50 miles 100 miles 200 or more miles |
| How many days are you willing to work? 1 3 5 7 |
| Do you have reliable transportation and car insurance? Yes No |
| Are you willing to take a Substance/Drug Screening? Yes No |
| Do your workers have uniforms? Yes No |
| How many managers do you have? |
| Do you have Facility Management experience? Yes No How many years? |
| Do you have startup capital? Yes No |
| Do you have a training program? Yes No |
| Are you currently a Certified Member? Yes No If yes, when? |

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| Do you have business license/tax id #? |
| Do you have a business bank account? Yes No |
| How soon are you prepared to begin a new contract? |
| For Medical Accounts do you understand the importance of universal precautions? Yes No |
| Do you have an inspection program? Yes No |
| Do you have an office location or are you using your home or garage to operate the business? |
| What is your business entity? Sole Proprietor Partnership Corporation |
| What is your goal for the next 5 years? |
| Do you have a business partner? Yes No |
| Do you do any type of advertising for your business? If yes, what please explain? |
| Do you have a business accountant or bookkeeper? Yes No |
| Do you have a supply vendor for equipment and supplies? Yes No |
| Have you ever been a part of a franchise? Yes No |
| Have you ever managed an account on a long-term basis? Yes No |
| Have you ever been in a management position? Yes No |
| Are you new to the commercial cleaning business? Yes No |
| Would you be willing to start with smaller Accounts until you're able to handle larger ones? Yes No |
| How much contract annual revenue are you looking to receive? |
| How many Accounts can you handle at one time? |
| Are you willing to attend a training workshop before contract placement? |
| Do you perform any type of maintenance work? Yes No |
| Do you inspect your equipment regularly for good working condition? Yes No |
| Do you know how to buff floors? Yes No |
| Do you have Professional Business Etiquette? Yes No |
| Do you prefer long-term or short-term Accounts? |
| Please list the types of Equipment & Supplies that you have: |

| | |
|---|---|
| Signature | |
| Date | |

Please mail your application for **Contract Placement** to PO Box 7134 Huntsville, AL 35807 Attn: Contract Placement Program