



THE MAINTENANCE COMPANY, INC.

Vendor application

Company name

Tax ID number

Physical address

City:

State/Province:

Zip/Postal Code:

Billing address

City:

State/Province:

Zip/Postal Code:

Email address

Phone number

Cell number

Fax number

Year business established

Are you a union company? **Y** **N**

Are you a veteran-owned business or service-disabled veteran-owned business? **Y** **N**

List Services you provide:

List each type of license you hold and their license numbers:

What is your service coverage area/radius?

What are your normal hours of operation?

Do you charge a trip charge? **Y** **N** If so what is that cost?

What is your best hourly rate available?

Emergency Trip Fee

Emergency/ after hours labor rate

Do you have any minimum fees, miscellaneous fees, or shop fees added to your invoices? **Y** **N**

Please explain

Do you provide 24 hour service? **Y** **N**

What are your OT rates and what hours/days do your OT rates apply? **Y** **N**

Please list your billing contact and number:

Name Phone

Please list your service contact and number:

Name Phone

How many technicians do you employ?

How many service vehicles do you dispatch out daily?

Do you sub-contract any of your work? **Y** **N**

Do you have digital cameras available on job sites if needed? **Y** **N**

Do your employees have IVR experience? **Y** **N**

What percentage of your work is commercial? Residential?

Have you worked with any national maintenance companies before? **Y** **N** If so, please list three:

1.

2.

3.

Please list 3 client references that we may contact:

Name Phone

1.

2.

3.