



Peace of Mind Concierge, LLC. Vendor Application

BUSINESS NAME: _____

CONTACT NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: () _____

FAX: () _____

E-MAIL: _____

WEBPAGE: _____

Licensed: Y N Insurance: Y N Bonded: Y N

Years in Business: _____ Number of Employees: _____ Worker Comp: _____



DESCRIPTION OF SERVICES:

REFERENCES:

Please give the names of three clients (either current or within the past six months).

Name: _____
Address: _____
Telephone number: () _____

Name: _____
Address: _____
Telephone number: () _____

Name: _____
Address: _____
Telephone number: () _____

PLEASE ATTACH YOUR COMPANY BROCHURE AND BUSINESS CARD SO THAT WE MAY ADD IT TO OUR FILES. Please Fax To: 239-433-0458