

FS PREVENTION

A wholly owned subsidiary of FRONT STREET



Vendor Onboarding Form

Company Name: _____ Contact Name: _____

Phone #: _____ Fax #: _____

Emergency #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID#: _____

Do you perform work directly for clients nationwide or regional such as banks, retail, restaurants? Yes or No

Have you ever worked with a National Maintenance Company? Yes or No

Do you specialize in residential, commercial, or both? _____

What trade services does your company provide? *Please see second page to list trade services* _____

What is your service range? _____

Coverage range (Please check **one**): National Regional Local

Primary area(s) covered by ZIP Code / Postal Code in which no additional charges apply? _____

Do rates change based on area? Yes or No • If yes, please explain: _____

Are you available 24/7/365? Yes or No • If no, what are your hours? _____

What is your initial charge for site visit • i.e. first hour rate + trip charge (if applicable)? _____

What are your hourly rates? _____ What are your regular work hours? _____

What are your emergency rates? _____ What are your emergency hours? _____

Do you charge a travel fee? Yes or No • If yes, how much? _____

What is your average turnaround time by trade? _____

Current cell phone carrier (i.e.: Sprint, Verizon, AT&T etc.)? Yes or No • If yes, which network? _____

Are technicians enabled with smartphones (i.e.: iPhone, Android, Tablet)? If yes, what type? _____

Can technicians provide pricing from site? Yes or No

GPS enabled trucks? Yes or No

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Trade Services

Please mark each that apply

- | | |
|---|--|
| <input type="checkbox"/> Awning | <input type="checkbox"/> Locksmith |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Machinery/Hydraulic |
| <input type="checkbox"/> Data | <input type="checkbox"/> Mold/Air Quality |
| <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Moving/Storage |
| <input type="checkbox"/> Door | <input type="checkbox"/> Paving/Concrete |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Project |
| <input type="checkbox"/> Exterminator | <input type="checkbox"/> Restaurant Equipment |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Gate/Overhead Door | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Suppliers (Material Cost) |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Tinting |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> UCW |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Wall Covering |

Company Name: _____