

**Folks at Home – Sewanee  
Vendor / Service Provider Application**

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Owner(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Service (Be specific – for example: In-home care: homemaking and/or personal care): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographical Service Area: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_

Available After Hours? Yes \_\_\_ No \_\_\_ Available Weekends? Yes \_\_\_ No \_\_\_

Range of Costs: \_\_\_\_\_

Offer Discount? Yes \_\_\_ No \_\_\_ How Much? \_\_\_\_\_

Able to Wait for Payment for Approximately 2 – 4 Weeks? Yes \_\_\_ No \_\_\_

How Long Have You Been in Business? \_\_\_\_\_

Optional:

Are You a Member of Any Professional Organization? Yes \_\_\_ No \_\_\_

If Yes, Please List: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please Include a Copy of Your Current Business License and Certificate of Insurance

Folks at Home P.O. Box 291 Sewanee TN 37375, (931) 598-0303 folksathomesewanee@gmail.com

## Folks at Home – Sewanee Vendor / Service Provider Application

Please List the Following Information for the Last Five (5) Customers served:

	Name:	Phone No:	E-Mail (Optional)
1			
2			
3			
4			
5			

PLEASE RETURN TO:

Folks at Home – Sewanee  
P. O. Box 291  
Sewanee, TN 37375-0291  
931-598-0303

Or E-Mail in PDF or Microsoft Word Format Only to: [folksathomesewanee@gmail.com](mailto:folksathomesewanee@gmail.com)