



**Contractor Referral Form**

Date: \_\_\_\_\_

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Type Business: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Emergency Contact – Pager #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Service Call: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Contractor License: (If required) \_\_\_\_\_

Do You Carry General Liability: \_\_\_\_\_ (yes or no) Worker's Compensation: \_\_\_\_\_ (yes or no)

Number of Technicians: \_\_\_\_\_

Available Technicians for Weekend & Holiday Emergencies: \_\_\_\_\_ (yes or no)

Do You Work For Another Warranty Company? \_\_\_\_\_

If Yes, Who? \_\_\_\_\_

Main Cities you Service: \_\_\_\_\_

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Would You Like Your Contractor Application Faxed or Mailed?

Fax

Mail: