

Service Company Enrollment Form

Company Information

Name

Physical address

City

State

Zip

Mailing address, if different

City

State

Zip

Phone Number

Fax Number

of Technicians

Please select business type:

LLC _____ Corporation _____

How long have you been in business? _____

Points of Contact

Owner

(____) _____ - _____
Phone

Email

Service Manager

(____) _____ - _____
Phone

Email

Billing Contact

(____) _____ - _____
Phone

Email

Service Information

Please select the items you service:

Range _____	Air Conditioner _____
Refrigerator _____	Furnace _____
Microwave _____	Heat Pump _____
Dishwasher _____	Boiler _____
Clothes Washer _____	Swamp Cooler _____
Clothes Dryer _____	
Trash Compactor _____	
Water Heater _____	Septic Systems _____
Plumbing _____	Well Pump _____
Electrical _____	Pool/Spa Equipmt _____

Please list any brands your company will NOT service:

Describe your primary service territory:

For how long do you guarantee your:

Labor? _____ Parts? _____

Hours of Operation

List ONLY STRAIGHT TIME hours

Monday - Friday

Saturday

Sunday

Invoice Information

Please select your primary billing method:

Time & Materials _____ Flat Rate _____

If time and materials, what is your:

Trip charge/diagnostic fee _____

Labor rate _____/hour

Parts markup _____%

For how long do you guarantee your labor? _____ parts? _____

Name and email address of person completing this form

Additional items that must be submitted with your packet:

- 1. A list of zip codes you service.***
- 2. A copy of you or your company's state license (where applicable).***
- 3. A W-9 (for unincorporated businesses).***

Please email your completed Enrollment Form and additional documentation to:
Amy@completehomewarranty.com

Fax 816-792-2009