



## Partner Application

Please complete and fax to (770) 813-1197, or save a copy of the completed document and email to [acampbell@interiorscapenetwork.com](mailto:acampbell@interiorscapenetwork.com)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Principal's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Company Description:

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Counties or Territory Covered:

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Anticipated 2017 Interiorscape Total Revenue:

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Business License: \_\_\_\_\_  
Industry Licenses: \_\_\_\_\_  
Pesticide Licenses: \_\_\_\_\_

Total Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
Total Number of Technicians: \_\_\_\_\_

Industry Trade Associations:

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Insurance Coverage:

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Two References of Current Clients:

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Best Time to Contact You? (i.e., a.m., p.m.) \_\_\_\_\_  
Best Means to Contact You? (email, phone) \_\_\_\_\_

Other Information you would like to submit: (Such as why you are unique in your market)

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