

NEW COMPANY PROFILE

Company Name: _____ Address: _____

How did you hear about us? _____

Other Locations _____

<u>Contact Names/ Department:</u>	Phone	<u>Circle Preferred Method</u>	
		Fax	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Main Phone Number: _____ Main Fax Number: _____

Website: _____ Years in Business: _____

Type of Business: _____ # of Perm Staff: _____

Peak Times: _____ Hours of Operation: _____

Other Services: _____

Special Instructions: _____

Billing Information

Contact person (A/P): _____

Address: _____

Phone #: _____

Email: _____

P.O. #: _____

For office use only:

New Business Profile
Completed: _____

Rate Agreement/
Proposal: _____

Safety Site Evaluation
Completed: _____

Safety Partnership
Agreement: _____