

AFFILIATE QUESTIONNAIRE

REFERRAL SOURCE

How did you hear about us? Store Associate Website Other
 Affiliate Email/Flyer

Which Retailer referred you?

CONTACT INFORMATION

Company Name

Company Address

City State ZIP

Contact

Office # Cell #

Email

PRODUCTS *Indicate the products for which you have at least 5 years installation experience*

FLOORING

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Wood/Bamboo/Cork | <input type="checkbox"/> Basement Waterproofing | <input type="checkbox"/> HVAC | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Laminate | <input type="checkbox"/> Bath Remodel | <input type="checkbox"/> Insulation | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Luxury Vinyl | <input type="checkbox"/> Tubliners | <input type="checkbox"/> Kitchen Remodel | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Floor Tile | <input type="checkbox"/> Countertops - Solid Surface | <input type="checkbox"/> Cabinet Refacing | <input type="checkbox"/> Water Treatment |
| <input type="checkbox"/> Tile Backsplash | <input type="checkbox"/> Countertops - Tile | <input type="checkbox"/> Patio Enclosures | <input type="checkbox"/> Windows/Doors |
| <input type="checkbox"/> Tile Shower | <input type="checkbox"/> Countertops - Wood | | |
| <input type="checkbox"/> Sand & Finish | <input type="checkbox"/> Gutters/Gutter Systems | <input type="checkbox"/> Other (list) <input style="width: 150px;" type="text"/> | |

COVERAGE AREA

State	List All Counties Covered

Are you licensed to install these products in your coverage areas? Yes No

COMPANY INFORMATION

of Employees (including Principals)

of Crews (including Subcontractors)

For retail programs, would you be able to staff a lead generator in the store to answer customer's questions about installation and schedule measure appointments? Yes No

Would you be able to use an iPad or tablet to complete an estimate? Yes No

INSURANCE

Does your company have General Liability & Auto Insurance coverage of at least \$1 Million? Yes No

If no, are you willing to obtain it? Yes No

Does your company have Worker's Compensation Insurance? Yes No

If No, are you: Exempt Willing to obtain coverage NOT willing to obtain coverage

CRIMINAL BACKGROUND & CREDIT CHECKS

As part of the vetting process, criminal background and credit checks will be required.

Have you or any Principals of the company ever been convicted of a felony? Yes No

Has your company or any of its Principals ever filed for personal or business bankruptcy? Yes No

If yes, when?

INSTALLATION REFERENCES *Provide name and contact information for 3 most recent customers*

Submit photos of completed jobs, if available.

	Name	Phone # / Email	Date of Job
Customer #1:			
Customer #2:			
Customer #3:			



APPLICANT CLICK HERE

SUBMIT COMPLETED FORM TO
RECRUITING@TRUSTHSS.COM

-OR-



APPLICANT

FAX COMPLETED FORM
TO 802-786-7477