

**Application to be a Preferred Provider  
for *The FriendShip*, Columbia, SC**

Organization or company name: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_ E-mail(s): \_\_\_\_\_

Web address (if applicable): \_\_\_\_\_

Service Category(ies): \_\_\_\_\_

**Services:**

1. List the services you are able to provide:
  
2. What are your standard working hours? \_\_\_\_ Are 24/7 emergency services available? \_\_\_\_
  
3. What geographic areas do you serve? \_\_\_\_\_

**Fees:**

4. Information about your fee schedule:  
How does your business charge? By the job? \_\_\_\_ Cost Plus? \_\_\_\_ By the hour? \_\_\_\_  
If by the hour, what is your hourly rate? \_\_\_\_ Do you provide free estimates? \_\_\_\_  
Do you require a deposit? \_\_\_\_ How much? \_\_\_\_ Do you charge for travel time? \_\_\_\_  
Do you have a minimum fee? \_\_\_\_ How much? \_\_\_\_  
Additional information?
  
5. What forms of payment are accepted?  
Cash? \_\_\_\_ Check? \_\_\_\_ Credit Cards, which? \_\_\_\_\_

**Credentials:**

6. List relevant insurance including worker's compensation, liability, and vehicle. Also state the amount of the insurances and the carriers.

7. List relevant certificates and government licenses to do this work. (For example City of Columbia Business License #12345.)

8. Are you bonded? Yes \_\_\_ No \_\_\_

**Business Structure:**

9. How long have you been in business? \_\_\_\_\_

10. What is your business's legal structure?

\_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Franchise

11. Do you work by yourself or do you have employees or subcontractors?

Generally, how many?

Are these employees or subcontractors bonded? Yes No

12. Do you or your employees use tobacco on the job? \_\_\_\_\_

Give any other information that might recommend your services to our members.

The FriendShip strives to ensure prompt, excellent and compassionate service to our members and we expect those serving them to share these goals.

- I understand that there is no cost to be on a list of Preferred Providers for The FriendShip.
- I understand that before my business is placed on the list it will be reviewed and approved.
- I understand that The FriendShip will be receiving member evaluations upon work completed and will update provider information at least annually.
- I understand that my contract for services is with a member of The FriendShip and not with The FriendShip.

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

Please fill in this form and return it in the enclosed addressed envelope to:

The FriendShip  
2728 Wheat St.  
Columbia, SC 29205

For any questions please call The FriendShip office at 803-799-2919 ext 122 or e-mail us at [contact@thefriendship.org](mailto:contact@thefriendship.org)