



Service Provider Application

Complete, sign, and email to: mail@tymesavers.com
Please type or print clearly.

Today's Date _____

I.

Title: Mr. Mrs. Miss Dr. _____

First Name _____ MI _____ Last Name: _____

DOB _____ SSN _____

II.

Home Address _____
Number Street City State Zip

Mobile Phone _____ Email _____ Other _____

Please attach to this application, the following:

- A recent (not more than 3 months) police clearance report. If you don't have one, please sign the background check authorization form attached
- A valid state issued drivers license
- Two professional references
- Valid paid-up auto insurance
- W9 (attached)

III.

Other Information

• Tymesavers works covers the entire Onondaga County. Are you willing to work with clients who are located outside the immediate Syracuse metro area Yes No. If yes, please check all that apply below:

Elbridge Fabius Lafayette Marcellus Otisco
 Pompey Skaneateles Spafford Tully Can cover all of over the County

- Do you currently drive? Yes (Provide valid auto insurance) No
- Depending on the position you are applying for, you may have to be able to lift weight that is typical with normal to light grocery shopping items.

Complete IV and V If You Are A Businesses Entity

IV.

Business Registration

Tax ID # _____ (Attach copy of business registration forms)

Sole Proprietary Partnership LLC/LLP S Corporation C Corporation Not Registered



Business Address _____
Number Street City State Zip

Business Details

(Attach copy of business insurance with coverage level and type and proof of bonding)

- What is your primary line of business?

- How many employees do you have?

- Do you carry business insurance? _____ If yes, what type and coverage level?

- Are you bonded? _____

V. Service Provider Annual Affiliation Fee and Method of Payment

Per service agreement:

- Your annual affiliation fee specific to your service provider level is \$ _____
- Your service calls amount will be ____ % of each service performed for our clients.

Payment of the annual affiliation fee must accompany application.

We accept: Checks payable to TymeSavers (\$25 fee if bounced)

- › VISA
- › Master
- › Discover
- › American Express

Card Number _____
Card Expiration Date: (month/year) ____ / ____

Name _____ Signature: _____

By signing, you authorize TymeSavers to charge your account for affiliation fees and/or services provided. All membership fees are non-refundable, non-transferable, and are subject to change without notice.

VI. All Applicants Acknowledgement

I acknowledge that all information provided here is accurate and truthful to the best of our knowledge.

Signature _____

Name _____

Date _____