

# Vendor Intake Form

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Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Service Type (Cleaning, Moving, Supplies, etc.): \_\_\_\_\_

Service Area (Cities/States): \_\_\_\_\_

Years in Business: \_\_\_\_\_

Do you carry insurance? (Yes/No): \_\_\_\_\_

Do you have your own equipment? (Yes/No): \_\_\_\_\_

Typical Pricing Range: \_\_\_\_\_

Availability (Days/Hours): \_\_\_\_\_

Can you handle government contracts? (Yes/No): \_\_\_\_\_

Additional Notes:

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