C·E·R·M

CONSULTANT APPLICATION

Applicant Information

Name: _____ Date: _____

Address: _____

Street Address, Suite #, City, State and ZIP Code

Contact: _____

Name and Title

Phone: _____ Fax: _____

Business Type: _____ Website: _____ Email: _____

Products/Services: _____

How long have you been in business? _____years Have you ever had another company name? YES ☐ NO ☐

Have you ever done business with CERM? YES ☐ NO ☐ If yes, describe _____

Do you have any certifications? YES ☐ NO ☐

If yes, explain _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email Address: _____

Attachments

Please attach a completed IRS Form W-9, a copy of your business license, and a certificate of insurance which includes at least $1,000,000 Commercial General Liability coverage and list CERM as an additional insured (if requested).

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____