

APPLICATION

First Name: _____

Daytime Phone: _____

Last Name: _____

Evening Phone: _____

Address : _____

Mobile Phone: _____

City, State: _____

E-Mail _____

Zip Code: _____

Best Time To Contact You:

Company Name: _____

Best Way To Contact You:

Address: _____

Daytime Phone Evening Phone

City, State _____

Mobile Phone E-Mail

Zip Code: _____

No Preference

Tax ID #: _____

PLEASE LIST TYPE(S) OF SERVICE(S) DESIRED AND AS NEEDED OR MONTHLY RETAINER:

HOW DID YOU HEAR ABOUT US? _____

COMMENTS: _____

THERE 4 YOU, LLC will shop the best quality for the best price to meet your budget; however, there is no affiliation between THERE 4 YOU, LLC and any third party company. THERE 4 YOU, LLC is not liable for any third party services. I have received a copy of the policies and procedures. Prepayment is required for expenses of services over \$75.00, remaining balance is due upon completion, unless client is on monthly retainer. There is a \$25.00 service charge for returned checks. Client is responsible for any legal fee's pertaining to recovery of payments. All work is to be performed in accordance with the specification submitted by the client and will be completed in a professional manner by THERE 4 YOU, LLC.

APPLICANT _____ DATE: _____

APPLICANT _____ DATE: _____