



**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 Card Number \_\_\_\_\_
- MasterCard Expiration Date: (month/year) \_\_\_\_/\_\_\_\_
- Discover
- American Express 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.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

TymeSavers, LLC  
(315) 960-2226  
mail@tymesavers.com

