



National Interiorscape Network

Your Blueprint for Success

Partner Application

Please complete and email to acampbell@interiorscapenetwork.com

Company Name: _____ **Phone #:** _____

Address: _____ **Email:** _____

City/State/Zip: _____ **Website:** _____

Principal's Name: _____

Company Description:

Year Business Started: _____

Counties or Territory Covered:

Anticipated Annual Current Year:

Total Revenue: _____

Interiorscape Revenue: _____

Exterior Revenue: _____

Holiday Revenue: _____

Business License: (city/county) _____

Industry Licenses: (describe) _____

Pesticide Licenses: (city/county/state) _____

Total Number of Employees: Full Time: _____ **Part Time:** _____

Total Number of Technicians: _____

Industry Trade Associations:

Business Liability Insurance Coverage (Ins. Company & Total Liability Blank Amount):

Three References of Current Clients:

Three References of Current Industry Suppliers:

Other Information you would like to submit: (Such as why you are unique in your market)

