



Business Referral Network Application

470 Mission St Unit 12
Carol Stream IL 60188

630-668-3466
fax 630-668-8335

Associate Application

Date of application: _____

Business Information

Your name and title: _____

Name of business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Years in business: _____ Years of experience in business: _____ Website: _____

How many employees are at your business: _____ Federal Employer I.D. Number FEIN: _____

What is the territory you serve: _____

Is your business: Corporation Partnership Sole Proprietorship Other _____

Type of business: Trades General service Professional service

List the services you provide: _____

Do you belong to any professional organizations? yes no If yes, which ones. _____

Insurance, License & Bonding

Are you insured? yes no If yes, you must provide the Network a current certificate of insurance

Are you required to be licensed in the state of Illinois? yes no If yes, you must provide the Network a copy of the license.

Are you bonded? yes no If yes, please provide the Network proof of bonding.

References

Who referred you to the Business Referral Network? _____

What is your relationship with that person? _____

Do you belong to any other referral networks? yes no If yes, which ones _____

Have you belonged to a referral network in the past? yes no If yes, which ones _____

Business References

List 3 business references.

1.	Name: _____
	Address: _____
	City, Zip: _____
	Phone: _____ Type of relationship: _____
2.	Name: _____
	Address: _____
	City, Zip: _____
	Phone: _____ Type of relationship: _____
3.	Name: _____
	Address: _____
	City, Zip: _____
	Phone: _____ Type of relationship: _____

Applicant Note

This application form is intended for use in evaluating your qualifications for membership in the Business Referral Network. This is not a contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after acceptance to the network, terminating membership.

I certify that I have read and understand the applicant note above and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of the facts called for in this application may result in rejection of my application or termination of my membership at any time during my membership. I authorize the Business Referral Network and/or its agents, including business reporting bureaus, to verify any of this information. I authorize all companies, persons, reporting bureaus, and references to release any information concerning my background and hereby release any said companies, persons, reporting bureaus or references from any liability for any damage whatsoever for issuing this information.

I understand the membership fee is \$350.00* for one year (+ *New member & application processing fee).

_____ Signature	_____ Date
_____ Print name	_____ Title



Business Referral Network Application

314 St Paul Blvd
Carol Stream IL 60188

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Date of Interview: _____

Each type of trade, professional and general service is exclusive in our network as an Associate Member. We need to understand what you do to insure you are the only one providing that service. Here are some sample questions that will be discussed during the interview process. There may be additional questions asked as well. The interview committee will review your application with you. We recommend that you fill out this portion of the application ahead of time so you are ready to discuss aspects of your business.

What you do

Briefly explain your daily tasks _____

Do you use subcontractors? yes no If yes, for what purpose.

What is your primary source of new clients? _____

Other comments: _____

Customer service

How do you handle an overflow of customers? _____

If you receive a call from a customer, what is your response time? _____

Do you make a follow-up call to insure customer satisfaction? yes no If so when? _____

How are customer complaints handled? _____

Expectations

As a member, what are your expectations of this referral network? _____

What should the group involved in the Network expect from you as a member? _____

Attendance at meetings is imperative. Do you have a representative to send in your place? yes no

Interviewed by:

Board approval date:

