

Advantage Inspection International, LLC

Request for Consideration / Member Profile

Upon completion, fax this questionnaire to: (864) 298-0306.

Are you interested in becoming a member of our organization? If so, complete the information below in as much detail as possible. Thanks for being candid and honest. The information you supply will be held strictly confidential.

Completing this form does not obligate you or the Advantage Inspection in any way.

(Please Print)

PERSONAL INFORMATION

Date: _____

Name: _____ Bus. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Fax) _____

What is the best time to reach you? _____ SS# _____

Email address _____

Single _____ Married _____ Spouse's name _____

Your Date of Birth: _____ Spouse's Date of Birth: _____

EDUCATION

HS _____ Some College _____ College Grad _____ Professional _____ Trade _____ Other _____

WORK EXPERIENCE

Are you a "full time", self-employed home inspector? _____ Yes _____ No

If yes, what is the average number of inspections your business performs per year? _____

How many inspections per year would you like to be doing? _____

If no, what is your present occupation: _____ for how long? _____

Job Duties: _____

Describe details of your construction related background or attach resume'

CREDIT HISTORY

Have you or a business you owned ever declared bankruptcy? ____ Yes ____ No If so, why?

Have you ever been convicted of a felony? ____ Yes ____ No

Have you ever had a professional license revoked? ____ Yes ____ No

Do you give us permission to review your credit report? ____ Yes ____ No

BUSINESS INFORMATION

Do you plan to devote full time to the inspection business? ____ Yes ____ No

Will your spouse be active in the business? ____ Yes ____ No

Do you plan to have a partner? ____ Yes ____ No

What is your annual gross income goal: \$_____

MISC. INFORMATION

How did you hear about Advantage Inspection and what were the most important benefits that prompted you to respond? _____

What general market area do you want to operate your business? _____

My signature below certifies that the information provided is accurate and authorizes Advantage Systems to order my credit report.

X _____ (Print name) _____

Have Questions? Please give us a call at: (864) 241-2000 for more info:
