



Power Washers Network of the Carolinas – PWNC
207 East Harden Street, Graham, NC 27253
336-516-2242 PWNC@pwnc.org www.pwnc.org

Network Associate Contractor Application & Profile

Note: This Application is subject to review

To Apply for Associate Participation, complete all information below and return it to the PWNC by way of mail, or online submission, along with your check in U.S. funds or pay via credit card through the PayPal link on the website. If you have any questions, please do not hesitate to call or email us.

Company Name: _____

Primary Contact: Mr. Mrs. Ms. _____
First Name MI Last Name

Title/Position: _____

Secondary Contact: Mr. Mrs. Ms. _____
First Name MI Last Name

Title/Position: _____

Mailing Address: _____

City, State, Zip, County: _____

Phone: (Primary) _____ (Secondary) _____ Fax: _____

Email: _____ Company Website: _____

*Do you carry professional liability Insurance? YES NO Limits: _____
(If no, you are not eligible for listing. You may be asked for proof of insurance)

*Do you carry workers compensation Insurance? YES NO Limits: _____

*Do you carry Commercial Auto Coverage? YES NO Limits: _____

You will need to provide a current Certificate of Insurance for our files. It is not necessary to name PWNC on the Certificate.

Network Associate Contractor Participation Fees for the first year are \$225.00. Renewals are \$175.00 annually.

The following information will assist us in properly displaying your company on the PWNC.org website. Please be as thorough as possible in your description. You may create your own document and return it with this form if your services are not listed.

*List of Primary Services: _____
(please use "keyword" style terms ie: Commercial flatwork, house washing)

*Specialty Services: _____
(if applicable)

*Special Equipment: _____
(ie, reclamation if applicable)

*List any Certifications: _____
(if applicable – you may be asked to Provide a copy of your certification)

Please let us know what this network can do to better serve your needs as a business, i.e., training courses, marketing, media presence, legislative support. Your input and suggestions are welcome. You may also add any additional information that may be helpful in creating your online & directory profile here (please indicate if this is the purpose).

Upon acceptance, I pledge to maintain the highest standards in honesty, ethics, integrity and professionalism in my business, in the services and products I provide and at all times, represent the power washing industry and the PWNC Network to the best of my ability.

Your Signature: _____

Please email your high resolution business cards to pwnc@pwnc.org

Make Checks Payable to: PWNC
207 E Harden St.
Graham, NC 27253

VISA / MASTERCARD PAYMENT IS ACCEPTED THROUGH PAYPAL – SEND PAYMENT TO: PWNC@TRIAD.RR.COM OR REQUEST INVOICE AND ONE WILL BE EMAILED TO YOU THROUGH OUR PAYPAL ACCOUNT.

(A monthly plan is available. 12 installments of \$19.95/month will be billed to your credit card for a total of \$239.40)

For office use only:

Date Business Started: _____

Entity: Sole Proprietorship LLC Incorporation