

# Advantage Inspection International, LLC

## Request for Consideration / Member Profile

**Upon completion, fax this questionnaire to: 866-401-1350.**

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 \_\_\_\_\_

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### 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'

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### **CREDIT HISTORY**

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

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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: 843-557-2918 for more info**