

Professional Senior Solutions

Certified Vendor Policies

Qualifying Vendor Resource Requirements

- Permanent resident of the county in which the business is licensed
- Legal United States citizenship
- Must pass credit and criminal background checks
- Documented history of working with seniors
- Must give senior discounts

All requirements must be met. Proof of citizenship and business license are conditions of this application and must be forwarded with the completed application. Other documentation will be requested if needed.

Note: Websites will be reviewed and PSS will include a link to your site at your request.

Fees: **A process fee of \$199.00 must accompany the application.** Fee includes criminal and credit check and processing costs. Faxed applications will not be processed until fee is received.

Restrictions on Types of Businesses

PSS grants certification to business once all documentation, background checks and references are processed. PSS reserves the right to deny requests for any purpose in conflict with the mission of PSS. PSS will deny the following types of businesses:

- ❖ political in nature
- ❖ history of abuse of anyone
- ❖ history of excessive charges
- ❖ slow or poor workmanship

Professional Senior Solutions – Vendor Granting Process and Time Line

Business recipients and requests are qualified by committee decisions. PSS holds monthly Vendor Committee meetings on the 2nd Thursday of every month to determine eligibility. Requests must be completed in full including all necessary documentation and fees and are due 3 days prior to a meeting date or they will be pended to the next scheduled month's meeting. We make our best effort to have your response within two weeks following the meeting.

Thank you again on behalf of Professional Senior Solutions for taking the time to complete this Vendor application.

Please fax completed applications to (707) 987-7305 or mail to:

Professional Senior Solutions Committee
P.O. Box 1174
Middletown, CA 95461



Professional Senior Solutions

CERTIFIED VENDOR APPLICATION

We bring smiles through joy and comfort by making the world a safer place for seniors.

Please read the Vendor Policies including requirements and restrictions found on page 3 prior to completing an application.

A. Complete this section if you are requesting to become a preferred vendor for our senior population

Business Name: _____

Type of Business: _____

Business License # _____

Owner Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business phone #: _____ Accept calls at work (circle one) Y N

Personal Phone # _____ Alt. Phone# _____

E-mail address: _____

Website URL: _____

Amount of Insurance your carry: _____

Amount of discount given to Seniors: _____

Number of years in business: _____

Have you been in business under a different name: Y N If yes, please explain

What percentage of your business is currently devoted to seniors: _____

Social Security Number (for background check) _____

B. References Information

2 Client (previous paying customer) and 2 Character (friend or business associate)

Client Reference #1 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail address: _____

Client Reference #2 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail address: _____

Character Reference #3 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail address: _____

State how this person knows you: _____

Character Reference #4 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail address: _____

State how this person knows you: _____

C. Please explain how you can make the world safer for our senior citizens.

C. Website Posting

We will post your business name, city, state, and phone number

URL: _____

Please eMail your logo to info@eastmancreations.com. Please submit as a jpg or gif. We will display the logo within a 75 by 75 pixel area. You may submit a larger file and we will reduce it.

D. Certification

By signing below, you acknowledge that the submission of this application form does not constitute an agreement to become a certified senior vendor. If we are able to process your request described above, a representative will contact you.

Furthermore, You certify that the information you have given meets all eligibility criteria described at the end of this document and declare that all of the information given by you in this application is true and complete to the best of your knowledge and agree to inform PSS in a timely manner if any information in this form changes.

Your signature authorized criminal and credit background checks.

If, after certification, we receive reports of overcharging or poor service, we will give you the opportunity to respond, but whether your business remains on our Certified Vendor list is entirely at our discretion. There will be annual review of certified vendors.

Signature _____

Print Name _____ Date _____