





## **BUSINESS SERVICES INQUIRY FORM**

Thank you for choosing **The BEST** to meet your business needs! Please complete the form below to share how we can best support you.

Business Name: Click or tap here to enter text.			
Address: Click or tap here to enter text.			
Contact Person: Click or tap here to enter text.			
Email: Click or tap here to enter text.			
Phone Number: Click or tap here to enter text.			
<b>Business Needs</b> (please select all that apply):			
<ul> <li>Inventory and Stocking</li> </ul>	•	Shredding $\square$	
Supplies/Merchandise $\square$	•	Watering Plants $\square$	
• Assembling Packets/Materials $\square$	•	Light Cleaning $\square$	
<ul> <li>Mailing Support □</li> </ul>	•	Customized Tasks $\square$	
• Copying $\square$		(describe	below)
Describe any tasks not listed above that The BEST here to enter text.			on or cap
What days of the week do you need support? (please select all that apply):			
Monday $\square$ Tuesday $\square$ Wednesday $\square$ Thursday $\square$ Friday $\square$			
How often would you like The BEST to provide serv	vices?	•	
Weekly $\square$ Bi-Weekly $\square$ Monthly $\square$ As Needed $\square$ One Time Support $\square$			
What time would you like The BEST to provide serve minimum window): Click or tap here to enter text.	vices	? (Note: please provide	a 2 hour
When would you like services to begin?: ASAP $\square$ Sp	oecifi	C Date: Click or tap to ente	r a date.
<b>Is there any other information you would like for us to know?:</b> Click or tap here to enter text.			

Please email your completed form to <a href="mailto:ipmfbest@servicesource.org">ipmfbest@servicesource.org</a>. We will contact you soon to begin our partnership. Thank you again for choosing The BEST!