

The Social and Health Services Group of New York

INFORMATION SHEET

Corporate Name: _____

Trade Name: _____

Address: _____

City _____ State _____ Zip _____

County _____ Date Firm was Formed _____

FEIN # _____

Business Phone () _____ Fax # () _____

E-mail Address _____

Check One: _____ Corporation _____ Partnership _____ Sole
Proprietor

Owners/Partners/Officers Names & Titles:

Type of Social Services? _____

Are you a member of a Trade Association? _____

Will you comply with the terms of the "Group"? _____

Total number of employees in New York? _____

Estimated annual sales? _____ # of Locations _____

Accountant's Name: _____ Tel.# _____

Address: _____

Office Use Only

Prod.	_____
Eff.	_____
SF	_____
Prior Co.	_____
Prior Prem.	_____
Referral	
T.M.	_____
Crd.	_____
SIF	_____
Rpl	_____
Adv.	_____
Show	_____
Ref.	_____