



Candidate Service Provider Company Profile

Thank you for your interest in becoming a FreshStart Service Provider! Please help us get to know you and your company a little better by completing the form below. Send completed forms to griffin@cyber-spa.com and we will be in touch.

Please note: We require a registration form for each store location so that they can be properly represented on our nationwide service provider map.

Business Information

Company Name: _____

Tax ID Number: _____

Store Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Website: _____

UBREAKIFIX Store #: _____

Primary FreshStart Service Contact

Full Name: _____

Last

First

M.I.

Title: _____

Store Phone: _____ Cell Phone: _____

Email: _____

UBREAKIFIX

Please complete this form online, save it as a PDF doc, and send it to Griffin@cyber-spa.com

I would like to receive an initial supply of "FreshStart Service Manager" business Cards:

If the name, email address, and cell phone number on the previous page are not the ones you wish to use for advertising purposes, please provide the FSM information below:

Name: _____

Cell Phone Number: _____

Email Address: _____

I would like to receive an initial supply of customized countertop rack cards:

I would like to include my store address on these cards:

I would like to include my store hours on these cards:

If yes, please provide store hours: _____

I would like to include my FSM's photo on these cards:

If yes, please include a photo as an attachment to your reply.

UBREAKIFIX

By completing and submitting this form, you agree to abide by our Terms of Service which can be found at <http://www.cyber-spa.com/wp-content/uploads/2018/03/FreshStart-Terms-of-Service.pdf>