

HYDROSWIFT CLEANING INC.
P.O. BOX 780647
ORLANDO, FL 32878

Subcontractor's Application

DATE: _____

NAME: _____ Federal ID or SS #: _____

Mailing Address: _____

City/ State/Zip: _____

Home Phone: _____ Cell Phone: _____

Trade/Skills: _____

Are You Incorporated? YES NO

To work as an independent contractor for HYDROSWIFT CLEANING, INC you are required to have on file with us a copy of your business license, also insurance and work comp. as applicable by law.

Business License #: _____ County: _____ Exp Date: _____

Years in business: _____

Trade References (List 2 references which you have completed work for) :

NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____

NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____

GENERAL CONDITIONS: Contractor agrees to perform and furnish all the work, labor, materials, equipment and tools for accomplishing the work. Contractor shall at all times keep the premises free from all waste materials, rubbish caused by performance of work. No on site storage will be provided. Contractors and all workers shall conduct themselves at all times in a professional manner.

This is to certified that I am an independent contractor subcontracting work for HYDROSWIFT CLEANING, INC and will be paying federal and state taxes and that I am licensed as required for this particular job.

SIGNATURE: _____ DATE: _____

APPROVED: _____ DATE: _____