

WELCOME TO AGING WITH GRACE™  
YOUR PARTNER FOR CLIENT DEVELOPMENT

Senior Move Management

**Your Company**

Owner Name:

Company Name:

Address:

City, State, Zip:

Main Telephone #:

Main Fax #

Please provide the areas you service.

Year Opened:

Are you a current member of NASMM? \_\_Yes \_\_No

Name of Insurance Carrier:

Policy #:

Services Provided:

**Your Rates**

Is the Initial Consultation free? \_\_Yes \_\_No

Your current rates:

Do you provide moving supplies at an additional cost?  Yes  No

If yes, what are the charges:

Your Staff

Please take a minute to tell us the strength behind your staff.

Briefly describe your training programs.

Are all employees screened for the following:

Criminal Records  Y  N  
Drug and Alcohol  Y  N

Are your employee bonded and insured?  Y  N

Can you provide bilingual assistance?  Y  N

If yes, please list the languages available.

If there is something special about your company which we have neglected to ask, please tell us now.

Your Management Team

Name

Title:

Email Address

Extension #  Fax #

Name

Title:

Email Address

Extension #  Fax #

**Thank you for your efforts in completing this profile.  
It is essential to the services we offer and  
a requirement of participation.**

The more information we know, the better we can help you grow your business!

**Return Completed Profile to: 732-691-4499**



215-672-8090