



# *JNS SUPPORT SERVICES LLC*

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*"Your Business, Education & Health Care Solution"*

## BUSINESS REQUEST FOR SERVICES

DATE: \_\_\_\_\_

### PRIMARY CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

FAX #: \_\_\_\_\_ How do you prefer to be contacted? Phone Email Mail

NUMBER OF EMPLOYEES: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Which best describes your organization? (Circle All That Apply)

Healthcare      Non-Profit/Social Services      Religious Organization      Retail/Sales

Financial Services      Education      Other (Please describe): \_\_\_\_\_

Please provide a brief description of the services that you are requesting:

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Requested Date of Service: \_\_\_\_\_

Estimated Project Budget: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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Additional Information: \_\_\_\_\_

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**Please submit this form by mail, email, or call (248) 796-2936 to make an appointment with a representative. We Appreciate Your Business!!**