



We create unmatched business tools and provide comprehensive support to empower our customers success

Help US- Help YOU

We are excited to be working with you. In order for us to get your ISN customized and setup as quickly as possible, we are requesting the following information be filled out and returned to us at training@inspectionssupport.net. Please do the best you can with filling out this document. If you have questions or need to speak to us please send a request to training@inspectionssupport.net.

Shortly after receiving your information form, we will contact you to arrange a training time. At the end of this document, you can let us know if there is a certain day/time that you would prefer for training. (Trainings are conducted Monday - Friday 8:30 a.m. Eastern Time Zone and our last training start time is 6:00 Eastern Time Zone). This documentation should be returned 5 days before your requested training time.

ISN PROFILE

INSPECTION AGREEMENT ~

Do you require an agreement(s) / contract(s) to be signed by your client? ___ Yes ___

No If yes, please email all of your agreements / contracts into: help@inspectionssupport.net

Please list agreement(s) that you will be sending in below.

- 1.
- 2.
- 3.
- 4.

How long have you been in business? Or, when do you plan to open your business?

Zip Code

Do you charge extra dependent on the zip code the home is in?
Please provide a list of **Postal Zip Codes** that you service as well as the fees you want to assign to each set of zip codes.

ie. \$20.00 (\$)

For: 13569,56985 (Zip Codes)

Sales Price

Do you charge extra dependent on the sales price of the home?

ie: \$200.00

\$250000.00

\$350000.00

Amount Charged

Range in price to charge

SERVICE AREAS

Do your team members / inspectors work in designated areas?

How are those areas designated?

Zip Code

Cities

States

Other

PAYMENT METHOD

Do you accept payment at closing? ___Yes ___No Additional charge? \$_____

- Thinking of collecting payments through ISN? Check out these help articles
 - [Preferred Credit Card Processor](#)
 - [Supported Credit Card Vendors](#)

User Information:

Tell us who will have access to your ISN and what their job title is.

**special note. IF you do radon testing please include Radon as a role for anyone that picks up or drops off.*

Name	Email	Role	Home Address	Cell Phone

CHECK THIS BOX... TO ACKNOWLEDGE THAT YOU ARE RESPONSIBLE FOR CONFIRMING USER PERMISSIONS OF OTHER ADMIN PROFILES AFTER TRAINING

Inspection Report Writing Software

What report writing software do you currently use?

Call Center

Do you have a call center? If yes , what call center?

Or, Will you be moving to a call center soon?

Training

Trainings are conducted Monday - Friday 8:30 a.m. Eastern Time Zone and our last training start time is 6:00 Eastern Time Zone

When would you like us to schedule your training?

Provide us with two options with date and time. We will do our best to schedule you at your desired time.

Option 1

Option 2

Keep in mind we must have this information back 5 days prior to your training date.

Your training will be about 2 hours long. *Please keep in mind your training time should be a time when you are not going to be responsible for answering phones or any other job duties.

