

Business Partner Application



Applicants must submit:

A Head-shot photo

Two typed letters of reference

Copy of valid state business license

Copy of current business liability insurance policy

The business applicant is a qualified and deserving candidate to serve for Smiles for Hope Foundation because (please limit answer to space provided.)

General Information:

Business Owner's Full Name: _____

Date of Birth: _____ Male/Female: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Business Name: _____ Year Established: _____

Address: _____

City: _____ State _____ ZipCode: _____ County: _____

Tax ID # _____ Business License # _____

Soc. Sec. # _____ E-mail Address: _____

Phone number: Home _____ Office: _____

Fax: _____ Cell _____

Business Information

Types of products/services(s) to be provided: _____

Professional Memberships/Associations

Business Awards/Certifications

Please mail completed form with photo and reference letters to:

Smiles for Hope Foundation

4250 Alafaya Trail, Suite 180

Oviedo, FL 32765

Questions Please Call: 407-359-1960, or email Info@Lach-Ortho.com

Applications, pictures and supporting documents will not be returned and become property of Smiles for Hope Foundation.