

APPROVED CONTRACTOR APPLICATION

Contact Name: _____ Owner Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Year business founded: _____ Last year's gross sales: \$ _____

% Commercial: _____ % Industrial: _____ % Residential: _____

Current Business Licenses for resident state (Class, ID# & years licensed): _____

Architecture

General Contractor

Engineering

Painting Contactor

Roofing Contractor

Contractor

Other: _____

Amount of Liability Insurance Covered: _____

Insurance Company & Policy Number: _____

Insurance Agent Name: _____ Phone: _____

List Products and/or Services provided by your business:

Current warranties offered on your services/products:

List the company name and approval date for any company(s) whose products you have been or are an approved/authorized applicator:

Company: _____ Approval Date: _____

Company: _____ Approval Date: _____

Company: _____ Approval Date: _____

Do you have any outstanding liens, judgements or unsettled lawsuits? _____

Any bankruptcies in the past? If so, please attach explanation. _____

Signed: _____ Date: _____

Title: _____ Business: _____

Please attach a case history sheet(s) describing projects you have completed with Inland products and/or those of other coatings manufacturers.