

Contractor Application Form

Company Name: _____ Owner's Name: _____

Address: _____

Phone #: _____

Fax #: _____

Contact: _____

Title: _____

Nature of Business: _____

Is the Company a Corporation, Partnership, or Sole Proprietorship? _____

How many years has your Company been in Business? _____

How many employees does your Company have? _____

Last years sales dollars? _____

List Other Manufactures your company is currently installing weather tight warranties for:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Trade References:

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

Project References:

Project Name: _____
 Owner: _____
 Contact Name: _____
 Address: _____

 Phone Number: _____
 Fax Number: _____
 E-mail address: _____
 Project Size: _____
 Type of Roofing: _____

Project Name: _____
 Owner: _____
 Contact Name: _____
 Address: _____

 Phone Number: _____
 Fax Number: _____
 E-mail address: _____
 Project Size: _____
 Type of Roofing: _____

Project Name: _____
 Owner: _____
 Contact Name: _____
 Address: _____

 Phone Number: _____
 Fax Number: _____
 E-mail address: _____
 Project Size: _____
 Type of Roofing: _____

Project Name: _____
 Owner: _____
 Contact Name: _____
 Address: _____

 Phone Number: _____
 Fax Number: _____
 E-mail address: _____
 Project Size: _____
 Type of Roofing: _____

List your current roll forming equipment:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I hereby authorize to release the above information to Sheffield Metals International.

Signature: _____

Title: _____

Date: _____