



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# and yrs licensed):

Architecture: _____ General Contractor: _____

Engineering: _____ Painting Contractor: _____

Roofing Contractor: _____ Contractor: _____

Other: _____

Amount of liability insurance carried: _____

Insurance company and policy #: _____

Name and phone # of insurance agent: _____

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 or 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.