

BUILDERS NETWORK FORM

Part 1: Applicant Information

Company Name		Trade Name (DBA)	
Owners Name		Phone	Cell
Email		Website	
Mailing Address			
City, St		Zip	
Years in service		EIN	
What Type of Business are you?			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC)			
<input type="checkbox"/> Other _____			

Authorized Users that can use this account

Name	Phone	Email	What are they authorized to do?

Part 2: Business/Trade References

Company Name	City, State, Zip	Phone	Email	Contact Person

Part 3: Type of Work/Area of Work

Please choose any that apply

<input type="checkbox"/> Pole Barn (open/roof only)	<input type="checkbox"/> Roofer	<input type="checkbox"/> General Contractor
<input type="checkbox"/> Pole Barn (Enclosed)	<input type="checkbox"/> Concrete	<input type="checkbox"/> Rolling Doors
<input type="checkbox"/> Metal Building Erector	<input type="checkbox"/> Home Builder	<input type="checkbox"/> Siding custom trim
<input type="checkbox"/> Gutters	<input type="checkbox"/> Other(s)	

Zip Code(s) of working location	Working Radius in Miles

What size jobs are you looking for?

Min Price:	Min Size/Type
Max Price:	Max Size/Type

Part 4: Do you have any certifications

Certifications	
State(s) Licensed	License Number
If insured by whom	Amount \$
If bonded by whom	Amount \$