

ZIP-RIB®

APPLICATION FORM FOR AUTHORIZED ZIP-RIB CONTRACTOR/ERECTOR AGREEMENT

This form is to be completed by the prospective contractor. Proper evaluation requires that all questions be fully answered. This application must be signed by the owner or by a legal officer of the company.

GENERAL INFORMATION

Firm Name: _____

D/B/A: _____

Type of Business: Individual Partnership Corporation

Street Address: _____

City, State, Zip Code: _____

Telephone: _____ **Fax Number:** _____

THE OFFICERS AND/OR KEY PERSONNEL ARE AS FOLLOWS:

NAME	TITLE	EMAIL ADDRESS
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PLEASE PROVIDE WEBSITE ADDRESS IF APPLICABLE: _____

LIST THE TRADE ASSOCIATIONS OF WHICH YOUR COMPANY IS A MEMBER:

WHAT TYPES OF CONTRACTOR LICENSES DOES YOUR COMPANY HAVE?

WHAT STATES ARE YOU LICENSED TO OPERATE IN?

LIST YOUR RESALE TAX PERMIT NUMBER:

PERSONNEL

How many salesmen do you have continuously employed and actively engaged in promoting to architects, general contractors and owners? Indicate if this number includes owner or manager.

How many of these would actively promote Zip-Rib? _____

Indicate the number of the following personnel that you continuously employ?

Sheetmetal Journeymen _____ Draftsmen _____

Ironworkers _____ Estimators _____

Job Superintendents _____ Other _____

List the name of individuals who would receive all bulletins concerning Zip-Rib Roofing and Siding Systems:

Will you send two or three key men, at your own expense, to spend the day at the nearest Regional Training School for Zip-Rib Contractors?

YES NO

BUSINESS REFERENCES

List the name of your bonding company: _____

List the name, address and telephone number of your bonding agent or broker:

List two building owners with whom you have worked with in the past three years:

Project:		Project:	
Company:		Company:	
City:		City:	
State/Zip:		State/Zip:	
Phone:		Phone:	
Contact:		Contact:	

INSTALLATIONS OF OTHER METAL ROOFING PROJECTS

Project Name:	
Location:	
Approximate Square Footage:	
Date of Installation:	
Architect:	Contact: Phone:
Address:	
Owner:	Contact: Phone:
Construction Manager:	Contact: Phone:

Project Name:	
Location:	
Approximate Square Footage:	
Date of Installation:	
Architect:	Contact: Phone:
Address:	
Owner:	Contact: Phone:
Construction Manager:	Contact: Phone:

Project Name:	
Location:	
Approximate Square Footage:	
Date of Installation:	
Architect:	Contact: Phone:
Address:	
Owner:	Contact: Phone:
Construction Manager:	Contact: Phone:

LIST THREE GENERAL CONTRACTORS AND ARCHITECTS WITH WHOM YOU HAVE WORKED WITH IN THE LAST THREE YEARS:

Project:	Project:
Company:	Company:
Street:	Street:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Contact:	Contact:
Project:	Project:
Company:	Company:
Street:	Street:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Contact:	Contact:
Project:	Project:
Company:	Company:
Street:	Street:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Contact:	Contact:

Company Name (please print)

Signature

Print Name and Title of Officer Signing

Date

PLEASE NOTE THAT THIS IS AN APPLICATION ONLY. THE CONTRACTOR/ERECTOR AGREEMENT IS A SEPARATE DOCUMENT. ACCEPTANCE OF THIS APPLICATION AND THE OFFERING OF A CONTRACTOR/ERECTOR AGREEMENT IS BASED UPON THE APPROVAL OF THE COMPANY AND YOUR ATTENDANCE AT ONE OF THE ZIP-RIB TRAINING SCHOOLS.