



## NEW CUSTOMER APPLICATION FORM

### CUSTOMER INFORMATION

Name of Business : D&B# :  
Type of Business : Retail Contractor Distributor Wholesale Installer Other  
Address :  
City : State : Zip :  
Phone# : Fax # :  
Contractors License # :  
Individual Partnership Corporation

Date established :

#### President or Owner

Name :  
Social Security # :  
Address :  
City : State : Zip :  
Direct Phone# : ext:

#### Vice President or Partner

Name :  
Social Security # :  
Address :  
City : State : Zip :  
Direct Phone# : ext:

I certify that to the best of my knowledge the information given on this form is true and correct.

Signature:

Print :

Date :