

**HEADQUARTERS**

PO Box 14  
New London WI 54961-0014  
Cust. Service: 800.456.1920  
Toll Free Fax: 866.865.3864



**BRANCH LOCATIONS**

Fort Myers FL: 239.461.5061  
Madison WI: 608.241.9003  
Milwaukee WI: 414.931.0037  
New London WI: 920.982.3452



**CONTRACTOR APPLICATION**

Company Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ -  
Owner: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
800 Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Fax Phone: \_\_\_\_\_  
Years In Business: \_\_\_\_\_  
Current Pricing: \_\_\_\_\_  
Estimated Number of Jobs: \_\_\_\_\_

**REFERENCES**

*1 Bank reference & 2 Trade references are required -  
Please Provide a Fax number for your references where possible*

**BANK**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ -  
Fax Number: \_\_\_\_\_  
Phone Number 1: \_\_\_\_\_  
Phone Number 2: \_\_\_\_\_

Type of Reference: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Years of Working Relationship With Reference: \_\_\_\_\_

**MATERIAL SUPPLIERS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ -  
Fax Number: \_\_\_\_\_  
Phone Number 1: \_\_\_\_\_  
Phone Number 2: \_\_\_\_\_

Type of Reference: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Years of Working Relationship With Reference: \_\_\_\_\_

**PLEASE ANSWER**

What type of business are you in?: (Primary Type) \_\_\_\_\_  
What is most important to you?: \_\_\_\_\_  
What is your most common complaint?: \_\_\_\_\_  
Where is the majority of your work?: \_\_\_\_\_  
How did you hear about us?: \_\_\_\_\_

**MATERIAL SUPPLIERS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ -  
Fax Number: \_\_\_\_\_  
Phone Number 1: \_\_\_\_\_  
Phone Number 2: \_\_\_\_\_

Type of Reference: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Years of Working Relationship With Reference: \_\_\_\_\_

*I authorize that any pertinent information requested from the above references, regarding credit history, to be provided in my behalf, to Weatherguard Systems, Inc. I understand that Weatherguard Systems, Inc. will in no way share credit information obtained with any other agency without written consent.*

\_\_\_\_\_  
SIGNATURE DATE