



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# & years licensed): _____

Architecture General Contractor Engineering Painting Contactor Roofing Contractor Contractor

Other: _____

Amount of Liability Insurance Covered: _____

Insurance Company & Policy Number: _____

Insurance Agent Name: _____ Phone: _____

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/authorized applicator:

Company: _____ Approval Date: _____

Company: _____ Approval Date: _____

Company: _____ Approval Date: _____



LIQUID APPLIED ROOF AND ROOF PRESERVATION SYSTEMS

P.O. Box 497, No. 2 Industrial Park Dr. Morrilton, AR 72110

Phone: 1-800-535-8597 Fax: 501-354-3019

www.bi-tec.com

Do you have any outstanding liens, judgements or unsettled lawsuits? Yes No

Any bankruptcies in the past? **If yes, please attach explanation.** Yes No

Signed: _____ Date: _____

Title: _____

Business: _____

Please attach a case history sheet(s) describing projects you have completed with BITEC products and/or those of other coatings manufacturers.

For this agreement to become valid, signature affixed to this document must be from an officer of the company applying for this authorization.