



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: _____



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.

For BITEC Office Use Only

Signed: _____ Date: _____

Title: _____

BITEC Coatings Authorized Applicator No. C - _____