



## REFERRAL APPLICATION AND AGREEMENT

Company's Legal Name: \_\_\_\_\_

DBA (Trade Name): \_\_\_\_\_ Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Website and Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Type of Organization:  Corporation  LLC  General Partnership  Sole Proprietorship  Government Entity

Federal Tax ID #: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ State and Date of Incorporation: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_ State/Province of Issuance: \_\_\_\_\_ Status: \_\_\_\_\_

Nature of Services Provided (i.e. General Contractor, Erector, Dealer, etc.): \_\_\_\_\_  
\_\_\_\_\_

Locations Currently Providing Services (i.e. City(s), State(s), etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience erecting steel buildings? [ ] Yes [ ] No Are you capable of completing a turnkey project? [ ] Yes [ ] No

Please provide details as to the extent of your capabilities and experiences with respect to the construction industry and the erection of steel buildings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Company Officer(s) / Owner(s) / Decision Maker(s):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Mobile) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work)

D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State/Province: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Mobile) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work)

D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State/Province: \_\_\_\_\_

**TRADE REFERENCES:** List two customers that you have performed services for within the past year.

1. Customer Name \_\_\_\_\_ Website/Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Other) Facsimile(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

