

APPLICATION FORM FOR POTENTIAL INSTALLERS – Capell Flooring and Interiors

Name: Last First M			Spouse's Name First	
Home Address			Business Name:	
Home Telephone:			Address:	
Annual Installation Volume \$			Telephones: Voice FAX: Cell or Mobile:	
Type of Business <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship			Fed ID: Soc. Sec. Number:	
Please include price list (Range)	Number of Regular Employees	Number of Work Crews	Percent Sub-Contracted	
Years of Experience – what sets you apart from others?				
Number of Vehicles	Types			
Name of Bank			Type of Account	
Insurance? (Indicate coverage on reverse side)	Would You Furnish a Bond if Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Been Refused Insurance or Bond? <input type="checkbox"/> Yes (If Yes, explain below) <input type="checkbox"/> No		
Why?				

List Suppliers / Distributors with whom you deal regularly.

NAME	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate recent jobs that we can check for your workmanship.

Name	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List cities, counties, and states that currently license you to work. Indicate type of license, license number, and expiration date.

City, County/State	Type of License	License No.	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the type of work you specialize in, and have a license to perform.

- Carpet
- Vinyl Flooring
- Granite/Solid Surface
- Tile Showers
- Carpet Patterned
- Wood Sand & Seal
- Laminate Counters
- Tile (Ceramic / Marble)
- Laminate Wood
- Carpentry (Finish)
- Plumbing
- Other: _____
- Wood Prefinished
- Carpentry (Rough)

I certify that all information is true to the best of my knowledge. _____

Applicant

Date: _____