

# Metposite <sup>tm</sup> Panel System Approved Installer Application

Metposite LLC. 503.981.5900 fax 503.981.5901

## Installer's requirements

1. Must have a minimum of 5 years experience installing sheet metal products.
2. Must submit this application and receive approval.
3. Must complete basic training requirements and be a fully approved installer (prior to starting installation)
4. Agree to allow Metposite to inspect site/installation prior to and during installation. (if required)

*All information submitted is held in the strictest confidence.*

Legal Name \_\_\_\_\_ Date \_\_\_\_\_  
Business name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Years in business \_\_\_\_\_ Type of business \_\_\_\_\_  
Year incorporated \_\_\_\_\_ State where incorporated \_\_\_\_\_ Federal I.D. \_\_\_\_\_  
Contractors License \_\_\_\_\_ Bond# \_\_\_\_\_ Amount \_\_\_\_\_

Individual  Partnership  Corporation  LLC  LLP  Subsidiary of \_\_\_\_\_

Account Payable Contact \_\_\_\_\_  Taxable  Non-Taxable

## Name of owners, officers, directors or partners

1 Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Reference \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Metposite may require joint check agreement on a per invoice basis*

## Trade References (Minimum of 3 with mailing address and fax number.)

1 Name \_\_\_\_\_ Account# \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

2 Name \_\_\_\_\_ Account# \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

3 Name \_\_\_\_\_ Account# \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

I understand a portion of this information furnished to Metposite LLC is for the purpose of obtaining credit. I authorize Metposite LLC to request credit information from other sources pertaining to the business or it's owners or officers. I authorize in my capacity to bind my firm accordingly that all accounts or monies due you shall be due and payable at your place of business, that all past due accounts, notes or judgment shall be subject to interest at the maximum rate allowed by law.

Signature \_\_\_\_\_ Title (authorized officer) \_\_\_\_\_