

Application Rugged Coatings authorized Roofing applicator

Firm Name			Date
Street Address			
City		State	Zip
Phone	Fax	Web	
Primary POC		Email	
OFFICERS			
President		Vice President	
Treasurer			
1. Incorporation Date		State	_
2. Years in Business	Year	rs in Spray Foam Business	
3. Initial dollar capitalizat	tion if business is less t	han 3 years old:	
4. Prime Contact		email address:	
5. Number of Employees:	The state of the s		
		r Year:	
7. Approximate Roof Area	Completed Last Year:		
		Silicone Urethane Other	
9. Number/Type of Coatin	ng Rigs:		
Single Component:	Without and Marketing and the Control of the Contro	Plural Component:	
Heated Plural Compone	ent:		
10. Number/type of Foam	n Application		
Equipment	And the Advances of the control of t		

2. List Other Roofing Manufac	cturers that have approved yo	our firm currently:	
BUSINESS REFERENCES			
• Major Trade References (list t	three)		
name 1	address	city/state/zip	phone
3			
2. Applicator Completed Jobs Rugged Coatings Represent		000 sq. ft. or more (with report and pho	otos). May be visited by a
		Date of Job	
Address			
Address			
Address Contact Number of Squares Job Title		Phone	
Address Contact Number of Squares Job Title Address		Phone Phone Type of System Date of Job	
Address Contact Number of Squares Job Title Address Contact		PhoneType of SystemDate of Job Phone	
Address Contact Number of Squares Job Title Address Contact Number of Squares		Phone	
Address Contact Number of Squares Job Title Address Contact Number of Squares Job Title		Phone	
Address Contact Number of Squares 2 Job Title Address Contact Number of Squares 3 Job Title Address		Phone	



