



CONTRACTOR'S DATA SHEET

THIS IS NOT A CREDIT APPLICATION

DATE: \_\_\_\_\_

THE INFORMATION BELOW MUST BE FILLED OUT COMPLETELY

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone:(\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Corporation  Partnership  Individual  E-Mail:\_\_\_\_\_

Owner, Partner(s) or Corporate Officers and titles;

Please list names, addresses and phone numbers of all listed below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager's Name: \_\_\_\_\_

References (Key Suppliers) including phone number with area code.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ Federal ID Tax: \_\_\_\_\_

Person(s) Authorized to sign checks:

1. \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

2. \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

www.windowcraftsmen.com  
E-mail: wci@windowcraftsmen.com

PLEASE NOTE: ALL ORDERS ARE COD

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