



WINDOW Craftsmen INC.

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: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Corporation: _____ Partnership: _____ Individual: _____

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: windowcr@gte.net

PLEASE NOTE: ALL ORDERS ARE COD

GLASS • ACRYLIC • VINYL • SCREEN

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