

CONTRACTOR CERTIFICATION PROGRAM APPLICATION

Date of application _____

Company name _____

Owner _____

Phone _____ Fax _____

Email _____

Physical address _____

Mailing address _____
(if different)

S.S.N or T.I.N. _____

No. of years in business _____ Average no. roofs per year _____

Service area _____

References (name, contact person and phone number)

Bank _____

Distributor _____

Personal _____

I have read, understand and agree to the attached term and conditions. I understand that if I do not comply with the program terms, I may be permanently disqualified as a certified contractor.

Signature _____ Date _____

Thank you for your application. Please allow up to two weeks to process. You will be contacted once approved. Space is limited, and may be given on a first come first serve basis. This is not a contract between applicant and East Coast Shingle Recyclers, Inc.

East Coast Shingle Recyclers Inc.

P: 215-816-4323 F: 888-237-2369
eastcoastshinglerecyclers.com

