

ALUMI-COVER AWNING CO., INC. CUSTOMER INFORMATION

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Owner: \_\_\_\_\_

Email Address: \_\_\_\_\_

Persons Authorized to Sign Checks (1) \_\_\_\_\_

(2) \_\_\_\_\_

Are you a licensed contractor: Yes\_\_ No\_\_ If "Yes" please give name of classification \_\_\_\_\_ and license number \_\_\_\_\_.

Are you bonded? Yes\_\_ No\_\_ If "Yes", please give amount: \$\_\_\_\_\_ and bonding company's name: \_\_\_\_\_.

The above listed company is a: Corporation\_\_\_\_\_ Partnership\_\_\_\_\_ Proprietorship\_\_\_\_\_

**If your company is NOT a corporation, please complete the following:**

Company's Federal Identification Number: \_\_\_\_\_-\_\_\_\_\_

**If FID Number is not applicable, please list Social Security Number of responsible person:**

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Person's name EXACTLY as it appears on their Social Security Card:**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_