



Contractor Application

Please fully complete this application and return to:

Reed's Metals
19 East Lincoln Dr. NE
Brookhaven, MS 39601
Email: metalmasters@reedsmetals.com

Rev 03/21

NAME		STREET ADDRESS, CITY, STATE, and ZIP	
E-MAIL ADDRESS		PHONE NUMBER	FAX NUMBER
COMPANY NAME		COMPANY STREET ADDRESS, CITY, STATE, and ZIP	
BUSINESS LICENSE NUMBER (IF APPLICABLE)		COMPANY BILLING ADDRESS, CITY, STATE, and ZIP	
EIN or SS#		TYPES OF METAL ROOFING INSTALLATIONS OFFERED (RESIDENTIAL, COMMERCIAL, POST-FRAME, AGRICULTURAL)	
TYPES OF METAL ROOFING INSTALLED (THROUGH-FASTENED, SCREW-FLANGE STANDING SEAM, ETC.)			
NUMBER OF METAL ROOFING INSTALLATIONS COMPLETED IN LAST 12 MONTHS		APPROXIMATE AMOUNT OF METAL ROOFING PURCHASES IN LAST 12 MONTHS	
CURRENT METAL ROOFING SUPPLIER(S) NAME AND CONTACT NUMBER			
CURRENT METAL ROOFING BRAND(S) INSTALLED		YEARS OF EXPERIENCE INSTALLING METAL ROOFING	
PLEASE LIST THREE REFERENCES FOR COMPLETED JOBS (NAME AND PHONE NUMBER)			
METAL ROOF INSTALLATION TRAINING COMPLETED		NUMBER OF INSTALLATION CREWS (SUB-CONTRACTED or EMPLOYEES)	
GENERAL LIABILITY INSURANCE PROVIDER		POLICY NUMBER	AMOUNT OF COVERAGE
HAS YOUR COMPANY EVER FILED FOR BANKRUPTCY PROTECTION?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If Yes, Explain:</i>			
ARE THERE, OR HAS THERE EVER BEEN, ANY LAWSUITS OR JUDGEMENTS AGAINST YOUR COMPANY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If Yes, Explain:</i>			
HAS YOUR COMPANY OR ITS OWNERS EVER OPERATED UNDER A DIFFERENT NAME?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If Yes, Explain:</i>			

PLEASE VERIFY THIS INFORMATION IS CORRECT	
PRINT NAME:	SIGNED BY: DATE: