

ACIP Application



Today's Date: _____

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Email Address: _____ Website Address: _____

Corporation Partnership Sole Proprietor LLC LLP

Years in Business: _____

Number of Employees: _____

Officers Information:

Name: _____ Federal Tax ID Number: _____

Title: _____ State Tax ID Number: _____

Do you have a Minimum 3 years Experience installing Awnings or Signs?

Yes No

Do you have a valid business license?

Yes No License Number and issuing State: _____

Trade References:

Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Bank References:

Bank Name: _____

Contact: _____

Contact Phone Number: _____

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Insurance Requirements

\$1,000,000 Liability Policy: Yes

\$1,000,000 Auto Liability: Yes

\$ 500,000 Workers Comp.: Yes

Insurance Carrier: _____

Phone Number: _____ Policy Number: _____

Do you have a written safety policy: Yes No

List any relevant Certifications: _____

What is your service area in Miles? _____

Is there anything not listed, that you would like us to consider?

To the best of my knowledge, all information provided is accurate. All information will be verified, any inaccuracy's will delay the process and possibly cause a denial of application.

Signature: _____ Date: _____

Printed Name: _____ Title: _____