

NAME _____
CONTRACTOR'S LICENSE _____
E-MAIL: _____
STREET _____
CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

DATE BUSINESS STARTED _____

YEARS AT PRESENT ADDRESS _____ OWN _____ RENT _____

DO YOU PAY SALES TAX? YES _____ NO _____ RESALE EXEMPTION _____

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____ LLC _____

As Applicable, List Name(s) and Titles of Corporate Officers, Partners, Owners, or Members

NAME	TITLE	Residence Address & Phone	S.S.N.
NAME	TITLE	Residence Address & Phone	S.S.N.
NAME	TITLE	Residence Address & Phone	S.S.N.

NAME OF PARENT COMPANY, IF A SUBSIDIARY _____

BUSINESS NET WORTH _____ ANNUAL SALES _____

HAS YOUR COMPANY, YOU, OR ANY OF THE PRINCIPALS, OFFICERS, DIRECTORS, OR MEMBERS IN THE COMPANY EVER DECLARED BAKREUPTCY? YES _____ NO _____

BANK _____ CONTACT PERSON _____

ADDRESS _____ TELEPHONE # _____

_____ ACCOUNT # _____

REFERENCES (Trade accounts only – Please include name, address, phone, and fax numbers.)

1. _____
2. _____
3. _____
4. _____

Applicant is (Corporation / Partnership / Sole Proprietorship / Limited Liability Company) and the undersigned hereby warrants and covenants that he or she is an (Officer / Authorized person thereof) authorized to make this application and to certify that the above statements are true and accurate. Applicant agrees to provide SpecHomesMadeEasy permission, when it is deemed advisable by SpecHomesMadeEasy in its sole discretion, to make inquiry on the financial and related matters at applicant's Bank, Bonding Company, Lending Firm, and hereby authorizes such firms to give said information to SpecHomesMadeEasy.

I agree:
I do not agree: