



APPLICATION FOR RAIN DECK CONTRACTOR / INSTALLER ACCOUNT

BUSINESS CONTACT INFORMATION

Contact Name: _____

Legal Company Name: _____

Fax: _____

Email: _____

Company Address: _____

Phone: _____

City: _____ State: _____ Zip Code: _____

Date Business Commenced: _____

Contractor's License or Fed ID #: _____

SIGNATURE OF MEMBER OR OFFICER

Print Name: _____

Signature: _____

Date: _____

Title: _____