

HOCOA Triangle Contractor Application

1) Company Name: _____

2) Address: _____ Zip: _____

3) Owner Name: _____

4) Partner's Name: _____

5) Years in Business: _____

please "star" the number you prefer to be reached at

6) Home or Office Phone #: _____ Fax #: _____

7) Cellular Phone #: _____

8) E-mail address: _____

9) # of Employees: _____

10) Insurance Company Name: _____

11) Insurance Company Phone #: _____

12) Does your trade require a license? _____ If yes, list #: _____

13) References: 1) _____ phone #: _____

2) _____ phone #: _____

3) _____ phone #: _____

14) Trade Reference: _____ phone #: _____

15) Type(s) of services you perform: _____

16) Are you limited to where you will work? _____ If yes, please list

areas you can service: _____

17) Is your company on call evenings and/or weekends? _____