



## TRADE-PARTNER APPLICATION

### PERSONAL INFORMATION

COMPANY NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### INFORMATION

DO YOU HAVE LIMITED LIABILITY INSURANCE?  YES  NO

DO YOU HAVE WORKMAN'S COMPENSATION INSURANCE?  YES  NO

BI-LINGUAL?  YES  NO

PLEASE DESCRIBE YOUR PAINTING EXPERIENCE:

LIST ANY SPECIAL TRAINING OR CERTIFICATIONS:

LIST OF PAST EMPLOYERS OR COMPANIES WORKED WITH:

CREW SIZE \_\_\_\_\_

PREFERRED HOURS \_\_\_\_\_

WILLING TO TRAVEL?  YES  NO AREA/DISTANCE? \_\_\_\_\_

DESIRED BILLING RATE? \_\_\_\_\_



**EQUIPMENT/MATERIALS/SKILLS  
PLEASE CHECK YES OR NO**

INTERIOR	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	RESIDENTIAL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EXTERIOIR	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	COMMERCIAL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
BOOM LIFT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	ENAMEL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SCISSOR LIFT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	STAIN / VARNISH	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SWING STAGE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	WALLPAPER HANGING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SCAFFOLDING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	WALLPAPER REMOVAL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
GRINDERS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	TRIM	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
STENCIILS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	VINYL BASE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SPRAYER	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	CARPET	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CLEANING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	CAULKING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WINDOW WASHING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	SEALANT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SKIMMING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EFIS REPAIR	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
MUDDING / TAPING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DOORS / FRAMES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DRYWALL HANGING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	STRIPING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DRYWALL REPAIR	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	TRAFFIC / PEDESTRIAN COATING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DRYFALL	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EXPANSION JOINT REPLACEMENT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EPOXY PAINT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO					

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**     ANOTHER CREW     SOCIAL MEDIA     AD  
 TRUCK     JOBSITE     OTHER \_\_\_\_\_