



## 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
STENCILS	<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 REPLACEEMNT	<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 \_\_\_\_\_