

COMPANY INFORMATION					
Company Name				Type	
Form Completed By: (Name / Title)					
Date Submitted					
HBS Authorized	No	Yes (signed Authorized Contractor Agreement on file)			
Names of all HBS Trained Personnel					
Years in Business					
Sales Tax Exempt (Please attach certificate)	Yes	No			
New to Spray Foam	Yes	No			
Products Used	Open Cell	Closed Cell	Roofing/Coatings		
Sets Used in Prior Year	1 – 50	50 – 100	100 – 200	200+	New to spray foam
Number of Rigs					
Type of Spray Equipment Used					
Spray Gun					

CONTACT INFORMATION			
Contact Name		Title	
Phone Number		Email Address	
Contact Name		Title	
Phone Number		Email Address	
Contact Name		Title	
Phone Number		Email Address	
Contact Name		Title	
Phone Number		Email Address	
Contact Name		Title	
Phone Number		Email Address	

BILLING INFORMATION			
Contact Name		Email Address	
Street Address		City, Province, Postal Code	
Phone Number		Fax Number	

SHIPPING INFORMATION			
Contact Name		Email Address	
Street Address		City, Province, Postal Code	
Phone Number		Fax Number	

DELIVERY INFORMATION					
Delivery Contact					
Delivery Contact Number			Call Before Delivery	Yes	No
Preferred Packaging Type	Metal Drums	Totes	40' Semi OK	Yes	No
Lift Gate Required	Yes	No	Loading Dock	Yes	No If yes, height: ft
Owns a Fork Lift	Yes	No	Owns a Pallet Jack	Yes	No

PROJECTED VOLUME				
	Closed Cell (# of sets)	Open Cell (# of sets)	Roofing/Coatings (in gal)	Parts & Equipment (\$)
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				
TOTAL				

COMMENTS				