

The building application must be completed in full. If a question does not apply to you, please check N/A.

SMI Sales Rep: _____ Date: _____

Your Name: _____

Legal Business Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (Office) _____ (Home) _____ (Fax) _____ (Cell) _____

Email Address: _____ Website: _____

TYPE OF ENTITY

Corporation Partnership Sole Proprietorship LLC Other

Please list stockholders for a corporation, partners if a partnership or principal/owner:

Name	% Owned	Business Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF BUSINESS

Developer Building Contractor Dealer Realtor Other

TYPE OF CONSTRUCTION

Single family homes _____% Multi-family/Apartment Bldgs. _____%

Commercial _____% N/A

Years of Modular Building Experience _____

BUSINESS HISTORY

Years in business _____ No. of Employees _____

Gross Annual Sales: _____ No. Housing Units Sold Per Year _____

List current modular home supplier: _____ N/A _____

REFERENCES

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(On each reference, list type: Customer, Personal, Sub-Contractor, Vendor)
Copies of written customer testimonials with contact information are acceptable.

1. Name: _____ Phone: _____ Type _____

Address: _____

Email _____

2. Name: _____ Phone: _____ Type _____

Address: _____

Email _____

3. Name: _____ Phone: _____ Type _____

Address: _____

Email _____

4. Name: _____ Phone: _____ Type _____

Address: _____

Email _____

BANK

Bank Name: _____

Address: _____

Years at this bank: _____ Phone: _____ Fax: _____

Contact: _____ Email: _____

Have you, your partner, or any officer of your company filed for Chapter 11 or Chapter 13 in the past 7 years? _____ If yes, please explain on a separate sheet of paper.

PLEASE BE SURE TO INFORM YOUR REFERENCES THAT WE WILL BE CONTACTING THEM VIA PHONE AND/OR EMAIL. YOUR FINANCIAL INSTITUTION MAY REQUIRE ADDITIONAL PERMISSION. THIS CAN BE A VERY TIME CONSUMING PROCESS. ANY ASSISTANCE WOULD BE GREATLY APPRECIATED.

INSURANCE & TERRITORIES

INSURANCE

Insurance Carrier: _____ Policy # _____

Liability Limits Carried: _____ Exp. Date: _____

Has any legal action been taken against your firm within the past five years concerning any building activities?
_____ If yes, please explain on a separate sheet of paper.

TERRITORY

(Please list the cities, counties & state (s) in which you do business.)

City

County

State

_____	_____	_____
_____	_____	_____
_____	_____	_____

Distance from home office _____

Projected sales volume for the remainder of this year _____

ADVERTISING

Newspaper _____ Radio _____ Television _____

Internet _____ Facebook _____ N/A _____

MARKETING & CO-OP ADVERTISING ASSISTANCE

Would you like for our Marketing Director to contact you regarding the services we provide?

Yes _____ NO _____

