

APPROVED APPLICATOR APPLICATION

This information is provided for the purpose of establishing your company as an Approved Applicator or Installer of Monopole product line. Information provided will be considered privileged and for the use of Monopole Products only.

COMPANY NAME: _____

OWNER/OFFICER(S): _____

ADDRESS: _____

TELEPHONE #: _____ FAX#: _____

E-MAIL: _____ WEB SITE: _____

TYPE OF OWNERSHIP: _____ PROPRIETARY _____ PARTNERSHIP _____ CORPORATION

DATE STARTED: _____ FEDERAL ID#: _____

STATE STARTED: _____

BONDING COMPANY: _____ LIMIT: _____

ADDRESS: _____

TELEPHONE#: _____ FAX#: _____

STATE LICENSE#: _____ CATEGORY: _____

TYPES OF COATINGS YOUR COMPANY APPLIES: _____

AVERAGE PROJECT SIZE: _____

As the approved applicator, we agree to follow MONOPOLE Products' specifications, directives, and advisories explicitly on warranty work; to fully document any complaint to protect MONOPOLE INC. and us, the Approved Applicator, from possible legal entanglements and to supply copies of such documents to MONOPOLE INC.

SIGNATURE: _____ DATE: _____

NAME & TITLE: _____

Check this box if you would like to be added to www.monopoleinc.com.

MONOPOLE'S AUTHORIZED SIGNATURE: _____

DATE: _____

MONOPOLE'S LOCAL REPRESENTATIVE: _____

DATE: _____