



CONTRACTOR DISCOUNT APPLICATION

Exact Legal Name: _____

Exact Legal Name: _____ Tax payer ID # _____

DBA: _____

Street Address: _____ County: _____

Town: _____ State: _____ Zip Code: _____

Phone #'s: Business: _____ Home: _____ Cell: _____ Fax: _____

Applicant is: (check one) Corporation Partnership Proprietor/ Individual Other

Email Address: _____ Would you like invoices emailed to you? Y/N _____

Are you Sales Tax Exempt (Y OR N) _____ If yes, please attach a NYS Resale Exemption Certificate.

Type of Contractor:

____ Landscaper ____ Parts/Logging ____ General Contractor

____ Painter ____ Plumbing/Heating ____ Electrician

____ HVAC Contractor

All contractor accounts will be reviewed annually. Any accounts with annual sales of less than \$10,000.00, will be automatically removed from the system.

Notice to Applicant: 1. Do not sign the Agreement before you read it. 2. You are entitled to a copy of the Agreement.

Signature: _____ Date: _____
(include title if Corporation)

Signature: _____ Date: _____
(include title if Corporation)