

# APPLICATION TO BECOME A SIKA FLUID APPLIED WATERPROOFING & ROOFING APPLICATOR



Company Name:  
Shipping Address:  
City / State / Zip:  
Fax #:

Phone:  
Billing Address:  
City / State / Zip:  
Website:

**YEAR BUSINESS WAS STARTED OR INCORPORATED:**

## CONTACT INFORMATION

### OWNER:

Name:  
Phone:

Title:  
Email Address:

### Primary Contact (For Technical Updates / Marketing / Etc.):

Name:  
Phone:

Title:  
Email Address:

### Purchasing Contact:

Name:  
Phone:

Title:  
Email Address:

### Accounting Contact:

Name:  
Phone:

Title:  
Email Address:

## REFERENCES:

Bank:  
City / State / Zip:  
Account #:

Phone:  
Fax:

**PLEASE SIGN HERE IF WE MAY CONTACT YOUR BANKING REFERENCE:**

## TRADE REFERENCES (3):

1. Name:  
City / State / Zip:
2. Name:  
City / State / Zip:
3. Name:  
City / State / Zip:

Address:  
Contact:  
Address:  
Contact:  
Address:  
Contact:

## CURRENT FINANCIAL STATEMENT:

**ENCLOSED**

**FORTHCOMING**

**NOT AVAILABLE**

**Amount of Commercial General Liability Insurance Maintained:**

**D&B #:**

# APPLICATION TO BECOME A SIKA FLUID APPLIED WATERPROOFING & ROOFING APPLICATOR



**YEARS EXPERIENCE IN FLUID APPLIED WATERPROOFING, ROOFING & RELATED FIELDS:**

Years Urethane Coatings

Years Reinforced Fluid Applied

Years Two-Component

Years General Waterproofing

# of Waterproofing / Roofing Mechanics Employed:

# of Waterproofing / Roofing Foremen Employed:

**DO YOU NOW USE OR HAVE YOU EVER USED SIKA CORPORATION PRODUCTS:** Yes No

**I UNDERSTAND THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:**

**(Owner) Print Name:**

**Signature:**

**Date:**

Please return this signed completed form to your local Sika Representative.

**COMMENT & RECOMMENDATIONS OF THE SIKA REPRESENTATIVE**


**REGIONAL MANAGERS SIGNATURE:**

**Date:**

**Sika Corporation**  
201 Polito Avenue  
Lyndhurst, NJ 07071  
Phone: 201-933-8800  
Fax: 201-933-6225

