

**INNOVATIVE BUILDING PRODUCTS, LLC DEALER APPLICATION**  
**MUST BE COMPLETED - PLEASE PRINT**

Name of Firm \_\_\_\_\_ Legal Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Parish \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Cell \_\_\_\_\_ Tax% \_\_\_\_\_  
Occupational License # \_\_\_\_\_ Tax Exempt ID # \_\_\_\_\_

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**LEGAL ENTITY**

**Corporation   Proprietorship   Partnership   Division/Subsidiary/Affiliate**

**PRINCIPALS**      Name \_\_\_\_\_ Title \_\_\_\_\_  
**OR**                      Name \_\_\_\_\_ Title \_\_\_\_\_  
**OFFICERS**        Name \_\_\_\_\_ Title \_\_\_\_\_  
                            Name \_\_\_\_\_ Title \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in business \_\_\_\_\_

Have you ever been involved in bankruptcy? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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**INFORMATION BILLING**  
**(if different from above)**

Bill to \_\_\_\_\_ Department \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Billing requirements \_\_\_\_\_

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**SHIPPING/DELIVERY INFORMATION**  
**(if different from above)**

Name of Firm \_\_\_\_\_  
Shipping/Delivery Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Delivery Instructions \_\_\_\_\_

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By (Authorized Signature) \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

**All Dealer Applications must be signed to be processed.**