

KRC Rock Inc.

P.O. BOX 729

San Marcos, CA 92079-0729
(760) 744-1036 Fax (760) 744-4882

For office use only

Company Name _____

Customer Number _____ Date _____

Contractors Discount Application Form

In order to set up your company for the appropriate discounts please fill out this form completely.

A copy of one of the following items must be attached to process application:

Contractors License Business License Business Check Business Card

Must be filled out completely and signed **This is not a Credit Application**

Name of Company _____ Phone () _____

Address _____ City _____ Zip code _____

Fax () _____ Pager () _____ No. of yrs. At this address _____ No. of yrs. In business _____

Contractors License No. _____ Resale No. _____ Social Security /Fed. Tax I.D. _____

Type of business _____ Corporation _____ Partnership _____ Sole Proprietorship _____

Owner or Officer/Title _____ Driver Lic. No. _____ State _____ Expiration _____

Home Address _____ City _____ Zip Code _____

Home Phone () _____ Email Address _____ How did you first learn of KRC Rock? _____

Spouse or nearest relative of Owner or Officer _____

This Information is true and correct to the best of my knowledge
Owner or Authorized Officer (signature) _____

Date _____ Print Name clearly _____