



Registration No: 2872291
VAT No: 616798400



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Email: sales@eds-midlands.co.uk **Web:** www.eds-midlands.co.uk

Approved Contractors Application Form

RETURN COMPLETED FORM TO: -

EDS Roofing Supplies (Midlands) Limited, Unit 3 Bilton Way, Lutterworth, LE17 4JA

I / We make this application to become an APPROVED CONTRACTOR with EDS Roofing Supplies (Midlands) Limited here after referred to in this document as '*your company*'. Fully understanding that your terms for such include that full payment of any materials used by ourselves as an Approved Contractor will be promptly paid for within the trading terms and conditions of the supplier of the materials, and acknowledge that no guarantee will be issued in respect to any materials that have not been fully paid for within the trading terms and conditions of *your company*.

Please provide a copy of your letter headed stationary with this application form.
Please complete all 4 pages of this form in full.

Not to be completed by applicant

Checked for EDS by

Full Name & Address of Business Applying to become an Approved Contractor

Tel No:

Fax No:

Mobile No:

Email Address:

Web Site:

Registered Office Address (if a Limited Company) or Private Address (if an Unlimited Company)

Company Registration No:

How long has the business been established?

What is the nature of your business?

How many employees do directly employ?

What type of premises do you work from?

Name of premises owner if you work from a Private Address:

Tel No of premises owner if you work from a Private Address

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Name(s) & Address(s) of Co-Directors or Partners (Please state if none)

If part of a group of companies, subsidiary or associated with any other Company please give details:

REFERENCES:

Company Name, Address, Telephone Number, and Contact Name of Corporate Client who your company regularly undertakes flat roofing works for (e.g: Building Surveyor, Property Owner, Building Company, etc) and who is willing to confirm your suitability to become an approved contractor:

Name & Address of Flat Roofing Works completed within the last 12 months for the above Corporate Client that may be visited with or without prior consent to demonstrate the quality of your workmanship

Reference 1:

Tel No:

Reference 2:

Tel No:

Name of any Trade Organisations you belong to:

List names of all other Waterproof Membrane Manufacturers for which you are an Approved Contractor for

Name and Address of your supplier of Italiana Membrane S.p.A products if not EDS Roofing Supplies (Midlands) Limited

Approved Contractors Application Form

Enter the full details of all employees of your company whom you wish to register as Approved Installers on behalf of your company (To be an Approved Contractor a company must have an appropriate number of employees registered as Approved Installers).

Full Name of employee applying to become an Approved Installer:

Existing Approved Installer Registration No (If Known):

Qualifications of employee applying to become an Approved Installer:

Number of years the employee has been installing bituminous membranes:

How long has the employee been working for your company:

Does your company monitor the workmanship of the employee applying to become an Approved Installer on a regular basis:

Full Name of employee applying to become an Approved Installer:

Existing Approved Installer Registration No (If Known):

Qualifications of employee applying to become an Approved Installer:

Number of years the employee has been installing bituminous membranes:

How long has the employee been working for your company:

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Existing Approved Installer Registration No (If Known):

Qualifications of employee applying to become an Approved Installer:

Number of years the employee has been installing bituminous membranes:

How long has the employee been working for your company:

Does your company monitor the workmanship of the employee applying to become an Approved Installer on a regular basis:

EDS Rep Code

Approved Contractor status approved by

Date

Date Applicant Informed

I the undersigned confirm the information provided on this form is correct, that I have the authority and responsibility of the company / individual applying to become an Approved Contractor with *your company* and confirm their agreement that all trading terms and conditions relating to the afore mentioned will be complied with and honoured in all respects, including in the situation of any roof failure occurring as a result due to defective workmanship where the property is covered by a guarantee will be restored to a watertight condition at their expense and without undue delay.

If a partnership, all partners must sign and date this form!

NAME: _____ POSITION IN COMPANY: _____

SIGNATURE _____ DATE: _____