Contractors **EDGE** Application

Company Information:

Company Name				Date	
Billing Address		City	State	Zipcode	
Physical Address		City	State	Zipcode	
Phone#	Fax		Email		
Type of Business:	Individual/ Sole Propri Single-Member LLC	ietor or 🔲 C Corp	poration S Corporation	Partnership	
☐ Limited liability	company. Enter the tax class	sification (C=C corpo	oration, S=S corporation, P=I	Partnership)	
Services You Provide			al HVAC Builder	signer	
Year Company Started: Business Fe		usiness Fed ID#			
Cardholder	Information:				
First	MI	Last	Compa	ny Title	
Work Phone	Ce	Cell Phone		Email	
Address		City	State	Zipcode	
D.O.B	S	SN			
Terms and Condition	ons (Please Initial Belo	ow)			
behalf of con The undersig Heating & Ele The undersig	ned guarantees that they a npany listed. ned understands that the p ectrical Supplies, Inc. for tax ned understands that they ors Edge Rewards.	personal informati c purposes includir	on above will be used by Ang but not limited to W-9 a	ice Plumbing, nd 1099 forms.	
Privacy Policy:					
Security numbers and those employees will unlawfully d	ctrical Supplies, Inc. will take meas collected from others in the ord isclose Social Security numbers of s containing Social Security num pless in addition the company	inary course of the conditional course of the ord orders to only those emwill strictly limit the disp	mpany's business. Neither the co linary course of business. The com aployees of the company whose alay of Social Security numbers of	ompany nor any of its npany will limit access e job description requ	
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