



BUSINESS NAME _____ LICENSE # _____

CONTACT PERSON: _____ TELEPHONE _____ FAX _____

ADDRESS _____
STREET CITY STATE ZIP

BILLING ADDRESS (IF DIFFERENT) _____

CONTACT PERSON: _____ TELEPHONE () _____ FAX () _____

OWNER/OFFICER: _____ TITLE _____

RESIDENCE _____
STREET CITY STATE ZIP

TELEPHONE () _____ ALTERNATE # () _____

DRIVER LICENSE # _____ STATE _____ SOCIAL SECURITY # _____

BANK NAME _____ ACCOUNT # _____

CITY _____ STATE _____ TEL: _____

OF EMPLOYEES _____ YRS IN BUSINESS _____ FED I.D. _____

CREDIT REFERENCES: (PLEASE LIST THREE (3))

- 1. _____ PHONE # () _____
- 2. _____ PHONE # () _____
- 3. _____ PHONE # () _____

PLEASE LIST TRADES YOU REQUIRE: _____

WORKERS' COMPENSATION REQUIRED INFORMATION

CLIENT'S WORKERS COMP CLASS CODE (S) _____ CLIENTS EXPERIENCE MODIFICATION _____

Submission of this Credit Application authorizes Sierra Construction Labor, Inc. to obtain credit, financial and personal information of any kind and from any source and that the granting of credit is discretionary and may be terminated by Sierra Construction Labor, Inc. at any time without the assumption of any loss resulting from such termination of credit.

NAME _____ TITLE _____ DATE _____

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