



Thermoplastic Single Ply and Multi-Ply Roofing Systems

2670 Leisch's Bridge Road, Suite 400, Leesport, PA 19533 Phone: 610-916-9500 Fax: 610-916-9501

APPLICATOR APPROVAL REQUEST FORM

Business Name _____

Mailing Address _____ City _____ State _____

Shipping Address _____ Zip Code _____

Telephone () _____ - _____ Fax () _____ - _____ Years in Business _____

PRIMARY MANAGEMENT PERSONNEL & JOB TITLES:

NAME

TITLE

_____	_____
_____	_____
_____	_____
_____	_____

TYPE OF ROOFING PERFORMED:

THERMOPLASTIC: _____% TOTAL SQ/FT OF THERMOPLASTIC ROOFING INSTALLED IN LAST BUSINESS YEAR _____

EPDM: _____% MODIFIED: _____% BUR _____% OTHER: _____%

General Vicinity of Operations: _____ # of Employees _____

Certified By Which Thermoplastic or other Roofing Manufacturers: _____

Agent You Use To Purchase FLEX Roofing Materials: _____

LIST THREE REFERENCES ON PAST WORK PERFORMANCES PREFERABLY THERMOPLASTIC SINGLE PLY ROOF SYSTEMS:

1) Name of Project: _____ Name of Contact: _____
 Address: _____ Phone #: _____
 System Type: _____ Size: _____ Date: _____

2) Name of Project: _____ Name of Contact: _____
 Address: _____ Phone #: _____
 System Type: _____ Size: _____ Date: _____

3) Name of Project: _____ Name of Contact: _____
 Address: _____ Phone #: _____
 System Type: _____ Size: _____ Date: _____

Signature & Title of Roofing Contractor _____

Date _____

Flex Authorized Approval: _____