

# STAGE 1

Please check ALL items that you will be returning which are required to pass Stage 1:

- Application   
  Copy of Driver's License   
  Background Consent Form   
  Copy of Price List

## Independent Contractor Application

CORPORATE NAME (IF APP)		BUSINESS OR DBA NAME		PRIMARY EMAIL ADDRESS	
BUSINESS ADDRESS		PHONE #	FAX #		CELL #
TYPE OF BUSINESS: (circle one) / Partnership / Sole Proprietorship		Corporation                    FED. TAX ID # (OR SS # IF SOLE OR PARTNER)		IS THIS BUSINESS HOME BASED?	
# OF PARTNERS OR OFFICERS	# OF REGULAR EMPLOYEES	# OF SUB-CONTRACTORS		YEAR EST	

## List Retailers, Distributors, Chain Stores, etc that you regularly work for, or have worked for.

Name	# of Locations?	Weekly Job Count	State	City	Types of window coverings
1.					
2.					
3.					

## List cities, counties, and states in which you are licensed to work.

City, Counties / State	Type of License	License No.	Expiration Date
1.			
2.			
3.			

## Check the type of window coverings which you are proficient:

- |   |  |
|---|--|
| <input type="radio"/> Custom Draperies          | <input type="radio"/> Wood Shutters (list manufacturer)  |
| <input type="radio"/> Wood / Metal Blinds       | <input type="radio"/> Vinyl Shutters (list manufacturer) |
| <input type="radio"/> Cellular / Pleated Shades | <input type="radio"/> Roman Shades                       |
| <input type="radio"/> Vertical Blinds           | <input type="radio"/> Roller Shades                      |

**List any other areas of expertise:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUMMARY

I Certify that the above statements are true and accurate to the best of my knowledge, and that I have in good faith returned this application for the sole intent to engage business activities in conjunction with United Independent, Inc.

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS COMPLETED APPLICATION VIA EMAIL TO [ICacquisition@smithnoble.com](mailto:ICacquisition@smithnoble.com)**