USDA - Rural Development

FORM APPROVED OMB NO. 0575-0172

			ANUFACTU TOR APPI	RED HOUSING			
TO: (Rural Development)		1 (1 1 u 1 c 1		310.1110.1	Date		
As provided in 7 CFR Part 3550, this application is	is submitt	ted for your	approval as a	Dealer-Contractor.			
Tax Identification #	Phone Number	Ownership					
Trade Name	DUNG	DUNS #		Thone Number			
				Date Business	$ \Box$ $\frac{\text{SOLE}}{\text{PROPI}}$	RIETORSHIP	
Number and Street				Established	☐ PARTN	NERSHIP	
				Years at Present	CORPORATION		
City, Zone, State				Address		ED LIABILITY	
			Years at Previous		─		
Previous Address				Address	Personnel		
				Date Financial		Identify Sales Personnel	
Type of Business (General Contracting, Lumber Yard, Heating, etc.)				Statement	on Separate Attached Sheet		
IF NOT A	SOLE PA	ARTNERSI	HIP, IDENTI	FY PRINCIPALS	Bilect		
Name	Title			Home Address			
1.							
2.							
3.							
EMPLOYMENT HISTORY OF PRIN							
Name of Principal, Position, and Dates Employed	Names	s and Addresses of Employers			Type of Bus	Type of Business	
1.							
2.					+		
3.							
J.							
Bank of Deposit	•				•		
CDEDIE DECEDENCES						· · ·	
CREDIT REFERENCES					From	Dates To	
Name		Address			Year	Year	
TRADE REFERENCES: (NAME PRESENT AN	JD PRFV	TOUS SUP	PLIERS OF N	MATOR PRODUCTS)		I	
Names	(D T RE)	1005 501	Address	MISON I RODUCIS)			
If any work is subcontracted, give type of work and tr	ade name	of subcontra	ictor.				
,							

Sales Area			No. of Branches
Addresses of Branches			
Describe any Guaranty Given Buyers			
selling practices will be followed, and t	hat immediate attention will be give	Housing activity of all my(our) sales personnen to all complaints involving materials, workn is application shall remain the property of Rura	nanship or sales representations.
Trade Name		By: (Name and Title)	
		sor, to order an individual credit report for necessary, until such time as the individual no	
Signature of Individual Principal or Sole Proprietor	Social Security Number	Signature of Individual Principal or Sole Proprietor	Social Security Number
Signature of Individual Principal or Sole Proprietor	Social Security Number	Signature of Individual Principal or Sole Proprietor	Social Security Number
CREDIT REPORT(S)	FOR USE BY RUF	RAL DEVELOPMENT	
ATTACHED REPORTED DATED: () Place of Business Inspected by: (Name	☐ TRADE REFERENCE ☐ SALES LITERATURE RECEIVED and Title)	E COPY OF SALES A	REFERENCE(S) CHECKED F CONTRACT OR GREEMENT REC'D Date Inspected
Remarks:			
that the dealer-contractor is reliable proper service to the customer.	, financially responsible and qual	approved after such investigations as we coified to perform satisfactorily the work to b	
Dealer-Contractor Approved (Date)	By: (Name and Title)		