



# **BUILDING SYSTEMS**

*A Division of Whirlwind Steel Buildings, Inc.*

# Whirlwind Builder Program Application

**Whirlwind Building Systems**  
**8234 Hansen Road - Houston, TX 77075**  
**PO Box 75280 - Houston, TX 77234**  
**Phone: 800-324-9992 - Fax: 832-553-4600**

Stop Searching, Start Building

**[www.WhirlwindSteel.com](http://www.WhirlwindSteel.com)**

Please consider our application for a WHIRLWIND BUILDER AGREEMENT. The following information is freely submitted to you for your review, and may be relied upon in considering our application process.

## GENERAL INFORMATION

NAME OF COMPANY: \_\_\_\_\_

P.O. BOX: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP+4: \_\_\_\_\_ COUNTY/PARISH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED DELIVERY:  US MAIL SERVICE TO P.O. BOX  US MAIL SERVICE TO STREET ADDRESS

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

COMPANY IS:  INDIVIDUAL  PARTNERSHIP  CORPORATION  
INCORPORATED IN STATE OF: \_\_\_\_\_

PRINCIPALS
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Name: _____ Title: _____
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Address: _____
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City: _____ State: _____ Zip: _____
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Home Phone: _____ % of time devoted to business: _____
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Approximate Investment: _____
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Direct Correspondence to: _____ Title: _____
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Name: _____ Title: _____
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Address: _____
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City: _____ State: _____ Zip: _____
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Home Phone: _____ % of time devoted to business: _____
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Approximate Investment: _____
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Direct Correspondence to: _____ Title: _____
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List individuals authorized to sign purchase orders and change orders:

\_\_\_\_\_  
\_\_\_\_\_

Other business interests or principals:

\_\_\_\_\_  
\_\_\_\_\_

Experience in building industry - particularly metal buildings (attach extra page if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individuals responsible for building sales:

\_\_\_\_\_  
\_\_\_\_\_

Individual responsible for estimating: \_\_\_\_\_

Construction: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Has Erection Crew | <input type="checkbox"/> Will Hire Erection Crew | <input type="checkbox"/> Will Subcontract Erection |
| <input type="checkbox"/> Erection - Union  | <input type="checkbox"/> Erection - Non-Union    | <input type="checkbox"/> Erection - Both           |

Estimated mill sales first year: \_\_\_\_\_

Is financial statement attached:  Yes  No

If "No", when will it be furnished: (Date) \_\_\_\_\_

Do you have a current advertising program:  Yes  No

If "Yes" please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount budgeted for advertising: \_\_\_\_\_

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**By**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**To be completed by District Manager:**

**Condition and description of Applicants physical location:**

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**Recommendations or comments:**

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\_\_\_\_\_  
**District Manager Signature**

**Buildership Issued: (Date)** \_\_\_\_\_

**Reason Request refused:**

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\_\_\_\_\_  
**By**