



Installer Program

Date Received: _____
Bilco DM: _____

General Information:

Company Name: _____ Phone: _____
 Name: _____ Fax: _____
 Address: _____ Cell Phone: _____
 _____ E-mail: _____

Business Information:

Nature of Business (*check all that apply*):

New Construction Remodeler Masonry/Foundation Other _____

Does your company currently offer installation services? Yes No

If you answered "Yes" above, please list the type of products that you currently install:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

Are your installation services (*check one*): Handled by you company Subcontracted

If services are subcontracted, do you provide training programs to your contractors? Yes No

If you use subcontractors, please list some of the subcontractors that you typically use:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

Do you have experience with interior basement remodeling projects? Yes No

Do you currently sell products to Foundation Contractors? Yes No

Do you have experience with accessory drainage installation, waterproofing, or repair of residential foundations? Yes No

Have you ever installed foundation egress windows or window well products? Yes No

Does your company have a website to promote it's installation services? Yes No

Bilco Products of Interest:

I am interested in becoming a Independent Installer for the following Bilco products (*check all that apply*):

Bilco Basement Doors and accessories (*Please specify if you are currently using another brand*)
 Other brand(s) currently used: _____

Egress Window Wells & Covers (*Please specify if you are currently using another brand*)
 Other brand(s) currently used: _____

References:

Please list three significant companies that you can provide as a reference:

Company: _____ Contact: _____ Phone: _____
 Company: _____ Contact: _____ Phone: _____
 Company: _____ Contact: _____ Phone: _____

Please FAX completed form to (740)455-3400
 The Bilco Company, P.O. Box 1203, New Haven, Connecticut, 06505