



# TrexPro Application

Please Type or Print Clearly

\* Indicates REQUIRED Information

\*Applicant Name: \_\_\_\_\_

\*Company: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone # (Business): \_\_\_\_\_ Phone # (Mobile): \_\_\_\_\_

Website: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Is company licensed (where required by state)?  Yes  No

\*List State(s) the applicant's company services? \_\_\_\_\_

State License Number(s): \_\_\_\_\_

\*Does company carry General Liability Insurance?  Yes  No

Policy Number(s): \_\_\_\_\_

Carrier: \_\_\_\_\_

\*Insurance Agent Name: \_\_\_\_\_ \*Agent's Phone #: \_\_\_\_\_

I have been presented with the TrexPro Platform features and benefits and understand that my company's credentials - Licensing & General Liability Insurance where required by state, will be examined by a Trex funded 3<sup>rd</sup> party for further verification. I also understand that I am expected to register my customer's warranties in order to maintain my status as a TrexPro.

I certify that all of the information stated above is true and accurate. I understand that acceptance into this program is at Trex Company, Inc.'s sole and absolute discretion.

*For valuable consideration, the sufficiency of which is acknowledged, the applicant agrees to defend, indemnify and hold Trex Company, Inc. ("Trex Company") harmless from and against any claims, liabilities, losses, damages or expenses (including but not limited to attorney's fees and costs) arising directly or indirectly from, as a result of, or in connection with, (a) Trex Company having referred said applicant to any party requesting a referral of a TrexPro™ Contractor, and/or (b) the performance, acts or omissions of said applicant in connection with contracting services provided to any party.*

Applicant Name (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Trex Representative Name (please print): \_\_\_\_\_

Signature of Trex Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Send Completed Form to:

Letasha Thompson  
Trex Company, Inc.  
Fax: (540) 542-6883  
Email: [lthompson@trex.com](mailto:lthompson@trex.com)  
Office: (540) 542-6309