

PROGRESS THROUGH PRESERVATION • ARTISANS LIST APPLICATION

Please fill out this application and return it to:

Progress Through Preservation • 465 South Portage Path • Akron, Ohio 44320

Name of Organization _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Web Site _____

Owner _____ Years in Business _____

Key Contact (if other than Owner) _____

E-mail Address _____

Description of Services Provided _____

Payment Methods Accepted: Cash Check Visa MC Other _____

Do you require a down payment? Yes No If yes, how much? _____

Please provide three references:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Nature of project _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Nature of project _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Nature of project _____

Please use the back of this application if you would like to add any additional information about your organization.

Office Use Only: Date received: ____ Reviewed by: _____ Add to list: Yes No