

DREXEL METALS PLUS APPLICATION



Full Company Name: _____

Company Address: _____

Primary Point of Contact:

Name: _____

Phone Number: _____

Email: _____

Drexel Metals Sales Representative: _____

Program Selection:

Select the Drexel Metals Plus program you are applying for:

Elite Distributor Authorized Roll-Forming Fabricator Installer

Are you currently certified to install Drexel Metals? Yes No N/A

Are you currently enrolled in Drexel Metals' ES-1 Program? Yes No

Are you currently enrolled in Drexel Metals Machine Maintenance Program? Yes No If Yes, the below will not need to be filled out.

Locations:

Do you have multiple locations that you fabricate our product from? Yes No

If yes, list locations and corresponding machine(s).

Location A: _____ Machine(s): Panel Former Auto Break Shear

Location B: _____ Machine(s): Panel Former Auto Break Shear

Location C: _____ Machine(s): Panel Former Auto Break Shear

Location D: _____ Machine(s): Panel Former Auto Break Shear

Location E: _____ Machine(s): Panel Former Auto Break Shear

Location F: _____ Machine(s): Panel Former Auto Break Shear

Panel Forming Machine(s):

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____



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Machine Capabilities:

Panel profile(s) available (*Check all that apply):

100NS	175S	Cap Seam	5V
100SS	200S	Snap-On Batten	Board and Batten
150NS	450	FW1	
150SL	450SL	FWQ100	
150SS	550S	FWQ150	

Rib option(s) available (*Check all that apply):

Clip Relief	Standard Bead	Small V	Small Pencil
Striations	Wide Bead	Large V	Large Pencil

Do you currently have any Go/No Go Gauges? Yes No

If so, which do you have (*Check all that apply):

100NS	200S
150NS	450SL
150SS	550S
175S	FWQ100



Auto Brake Machine(s) if applicable:

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Shear Machine(s) if applicable:

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

EMAIL COMPLETED FORM TO DREXELMETALSPLUS@DREXMET.COM AND YOUR DREXEL REPRESENTATIVE