



SUBCONTRACTOR/VENDOR QUALIFICATION FORM

COMPANY INFORMATION

Company Legal Name:

Scope of Work:

Years in Business under Legal Name above:

State of Company Registration:

Union / Non- Union (Circle one)

Discipline / CSI Code of Expertise :

Average Size Project:

Goal Size Project:

of Employees:

Service Work Capable:

Hourly rate Foreman:

Hourly rate Apprentice:

Hourly rate Other:

Minimum Trip Charge:

Geographic Coverage Area:

Licenses- Discipline

Licenses – Where

*****See below for Certificates of Insurance and W9 requirements *****

BILLING INFORMATION

Remittance/Billing address:

City:

State:

ZIP Code:

Phone :

Fax:

Shipping Address:

City:

State:

ZIP Code:

Phone:

Fax:

Federal ID#

Main Contact Name:

Title:

E-mail Address:

Cell #:

Direct Phone:

Direct Fax:

****PLEASE FEEL FREE TO ATTACH ADDITIONAL CONTACT WITH ABOVE INFORMATION**

Alternate Address:

City:

State:

ZIP Code:

Undersigned acknowledges information contained above to be accurate and not misleading

Signature of applicant:

Printed Name of applicant:

Date:

***** US MAIL THE FOLLOWING DOCUMENTS TO:**

BUILD-IT CONSTRUCTION, 73 NEWTON RD., SUITE 22 PLAISTOW, NH 03865

Certificate of Insurance:

GL \$2mill Aggregate; Workman compensation \$500k

Completed W9