

TRADE CONTRACTOR/SUPPLIER INFORMATION FORM

COMPANY NAME: _____ CONTACT IN YOUR COMPANY: _____

ADDRESS: _____ COUNTY: _____

PHONE: OFFICE _____ FAX _____ MOBILE _____

E-Mail _____ PAGER _____

ORGANIZATION TYPE: SUBCONTRACTOR SUPPLIER BOTH
 CORPORATION PARTNERSHIP PROPRIETORSHIP

NUMBER OF HOUSES WORKED ON: LAST YEAR _____ HIGHEST EVER _____ CURRENT CAPACITY _____

NUMBER OF WORKERS EMPLOYED: MIN. THIS YEAR _____ HIGHEST EVER _____ CURRENTLY _____

ARE YOUR TRADESMEN EMPLOYEES OR SUBCONTRACTORS?

ANY OTHER BUSINESS YOU ARE INVOLVED IN: _____

FEDERAL TAX ID# _____ STATE TAX ID# _____ EMP. SEC. # _____

LIABILITY INSURANCE COMPANY: _____ AGENT: _____ PHONE: _____

POLICY #: _____ EXPIRATION DATE: _____

WORKERS' COMPENSATION INSURANCE CO.: _____ AGENT: _____ PHONE: _____

POLICY #: _____ EXPIRATION DATE: _____

BANK REFERENCE: _____ CONTACT: _____ PHONE: _____

ARE YOU BONDED? _____ COMPANY: _____ AMOUNT: \$ _____

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF MATERIAL OR EQUIPMENT SUPPLIERS THAT YOU USE.

WILL MATERIALS BE SHIPPED TO THE JOBSITE DIRECT FROM YOUR SUPPLIERS (MAT'L WAIVER REQ'D) OR WILL YOU BRING THEM? _____

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF REFERENCES AND/OR CURRENT, ONGOING WORK THAT WE CAN LOOK AT: (ATTACH ADDITIONAL SHEET IF NECESSARY.)

HAVE YOU EVER BEEN CITED BY OSHA FOR ANY VIOLATIONS, ACCIDENTS, INJURIES? (DESCRIBE) _____

DESCRIBE YOUR POLICY ON CUSTOMER SERVICE: _____

SERVICE WORK: CONTACT AND PHONE _____

EMERGENCY WARRANTY WORK: CONTACT AND PHONE _____