



Return Form To: Charles Roberts
Fax #: 262-9861

Potential Vendor Information Form

Company Name		DBA Name (if applicable)	
Company Specialty (i.e., plumbing, stucco, etc.)			
Street Address (number, street, and apt. or suite number)			
City, State, and Zip Code			
Main Phone Number		Main Fax Number	
Main Contact Person's Name		Main Contact Person's Position Title	
Office Phone Extension	Cell Phone Number	E-Mail Address	
Do you hold any licenses? (Circle One) Yes No If Yes, please list them below			
What was the gross dollar value of the work you performed last year?			
How long have you been in business?			
How many employees do you currently employ?		Do you currently lease any of your employees?	
Do you currently sub out any work performed by your company to third parties (sub-subcontractors)?			
If you sub out work to third parties, how many companies do you use?			
What areas of town are you willing to do work?			
How many houses do you feel you could handle from our company at one time?			
Please list any builders that you are currently doing work for:			
Company Name		Contact Person	Phone Number
How long have you been doing work for this builder?			
Company Name		Contact Person	Phone Number
How long have you been doing work for this builder?			
Company Name		Contact Person	Phone Number
How long have you been doing work for this builder?			
Company Name		Contact Person	Phone Number
How long have you been doing work for this builder?			