



Subcontractor / Vendor Prequalification

Name of Company: _____

Provide a brief description of the type of work your firm performs: _____

State of Incorporation: _____ Date of Incorporation: _____

Main Phone Number: _____ Main Fax Number: _____

Main Office Street Address: _____

City: _____ State: _____ Zip: _____

GENERAL INFORMATON/ REFERENCES

Contractor License Info: State: _____ Number: _____ Expires: _____

State Unemployment: State: _____ State Unemployment Identifier (SUI) Number: _____

Federal Tax Identifier Number: _____

Workers Comp Risk ID Number: _____

The Expected Annual Volume This Year: Amount: _____ Number of Projects: _____

References

Professional/Customer Reference:

Name: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

Professional/Customer Reference:

Name: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____



Professional/Customer Reference:

Name: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Mobile: _____ Email: _____

COMPANY EMPLOYEE INFORMATION

	Home Office	Field Supervisory	Trades People	Total
# of Current				
Three Year Average				

Service Capabilities (How many can your company respond to)

# of Referrals Visits per Week	
# of Jobs per Week	
Average Customer Response Time (days)	
What is the company service area	
What service do you work with: Oil, Gas, Both (Heating Contractors Only)	
Do you install, clean, repair oil systems?	

Certified Training	
Training Type	Accredited Training Program Name

PLEASE ATTACH INSURANCE INFORMATION WITH THIS FORM

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