



185 Allen Road  
Suite 100  
Atlanta, GA 30328-4836  
(770) 953-1200  
(770) 953-1122 FAX

Please complete this form in its entirety and return to the above referenced location.

**SUBCONTRACTOR & VENDOR PROFILE**

Type of Business: \_\_\_\_\_

Work / Systems Generally Quoted: \_\_\_\_\_

Full Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(Street) (P.O. Box)

(City) (State) (Zip)

(Phone) (Fax)

(Website) (Email)

Contact(s) for Estimating: \_\_\_\_\_

Principals of Firm (& Titles): \_\_\_\_\_  
\_\_\_\_\_

**SUBCONTRACTOR & VENDOR HISTORY**

Years in business under current name: \_\_\_\_\_

Type of Company: "S" Corp. \_\_\_\_\_ "C" Corp. \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Gross Sales: Projected this Year: \_\_\_\_\_ Last Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_

Average size (dollars) of contracts for your work: \_\_\_\_\_

Geographic area(s) of operation: \_\_\_\_\_

Largest Project Name: \_\_\_\_\_ Size: \_\_\_\_\_ When Complete: \_\_\_\_\_

Does your firm have internet access: \_\_\_\_\_ Ability to download drawings via the internet: \_\_\_\_\_

Bondable: Yes \_\_\_ No \_\_\_ Bond Rate: \_\_\_\_\_ Volume Currently Bonded: \_\_\_\_\_

Bonding Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact at Agency: \_\_\_\_\_ Bond Underwriter: \_\_\_\_\_  
(Insurance Company)

**SUBCONTRACTOR & VENDOR PROFILE (continued)**

Licenses Held By Your Firm: \_\_\_\_\_

State(s) Licensed In: \_\_\_\_\_

Has your firm ever failed to complete a project? \_\_\_\_\_ Filed Bankruptcy? \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

States Which Your Firm is Registered to Pay Sales Tax in: \_\_\_\_\_

Is your firm at least 51 percent owed and operated by a female or minority person: \_\_\_\_\_

(Firm)

(Rep)

(Phone)

Trade References: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

General Contractor, Construction Manager, or Owner References:

(For work in progress or completed in the last 6 months only.)

(Firm)

(Rep)

(Phone)

Trade References: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Number of Jobs Currently in Progress: \_\_\_\_\_

Volume of Work Currently Under Contract: \_\_\_\_\_

Amount of Incomplete Work: \_\_\_\_\_

Percentage of work performed by own forces: \_\_\_\_\_ Number of office staff: \_\_\_\_\_ Number of field staff: \_\_\_\_\_

Union or Non-Union: \_\_\_\_\_ Safety EMR Rating: Current Year \_\_\_\_\_ 20\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_ / \_\_\_\_\_

**The above information is true to the best of my knowledge and belief:**

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please fax to (770-953-1122) or scan and email to [estimator1@integraconstruction.com](mailto:estimator1@integraconstruction.com). Thank you for your cooperation.

