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 the 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 c.lumsden@integraconstruction.com**. Thank you for your cooperation.**