



Passion for Your Project

Albion Scaccia Enterprises, LLC
8601 Dunwoody Place Building 300, Suite 340
Atlanta, GA 30350
678-325-5900
678-325-5905 fax

Subcontractor / Vendor Pre-Qualification Form

Name of Company: _____

Main Business Address: _____

Phone Number: _____

Fax Number: _____

Type of Work / Services: _____

Organization Type / Tax Entity: _____
(sole proprietor, partnership, incorporation, etc)

Company Representative / Contact: _____

Title: _____

Phone / Mobile / Nextel: (____) _____ / (____) _____ / (____) _____

Secondary Company Contact: _____

Title: _____

Phone / Mobile / Nextel: (____) _____ / (____) _____ / (____) _____

Accounts Payable / Receivable Contact: _____

Phone / Mobile / Nextel: (____) _____ / (____) _____ / (____) _____

Names and titles of all responsible parties affiliated with your company:

List other / previous company names: _____

Years in business under other company names: _____

Previous company tax identification number: _____

List all business licenses held by your company: (attach copy) _____

List all contracting licenses held by company: (attach copy) _____

Years in business under existing name: _____

Federal Tax Identification Number: _____

Number of office employees / personnel: _____

Number of field employees / personnel: _____

Annual volume of business in dollars for the last year: _____

Annual volume of business in dollars for the last three years: _____

Annual volume of business in dollars for the last five years: _____

Insurance Company: _____

Insurance Company Contact / Phone Number: _____

Types and amount of insurance coverage: _____

Please provide a copy of your Certificate of Insurance Coverage with this completed document.

Worker's Compensation Insur. Co. / Phone No. / Contact: _____

Does your company have an organized safety program meeting OSHA standards? _____

Has your company been cited by OSHA or another regulating agency for safety violations? If yes, please explain. _____

Bank Affiliation: _____ No. of Years _____

Bank Contact / Phone Number: _____ / (____) _____

Name of Bonding Company? _____

Bonding Co. Contact / Phone Number: _____ / (____) _____

Can you provide a labor and material bond and performance bond? _____

What are your bonding limits? _____

Please attach a list of professional references, (material suppliers, etc.).

By signing and returning this document, signer warrants that all of the above information is correct and accurate to the best of his / her knowledge and that said individual has the authority to release the above information to Albion Scaccia Enterprises, LLC. In addition, signer and company give permission for Albion Scaccia Enterprises, LLC to perform a credit check and verify any of the above information and contact any of the above entities for verification and accuracy of the information supplied.

print name / title

signature / date