

# Vendor Qualification Form

## General Information

www.atlassignindustries.us

Legal Company Name:		DBA:	
Main Office Address:			
City:	State:	Zip Code:	
Main Office Mailing Address:			
City:	State:	Zip Code:	
Main Office Phone No.:	Fax No.:	Additional Phone No.:	
Web Address: www.		E-Mail Address:	

Do You Have Branch Offices - If so, please list cities where they are located:

Each additional location should complete their own questionnaire so as to be mapped, and to identify their equipment, rates, & branch specifics.

What year did business begin?:     /     /	Business License No.:	Electrical License No.:
Standard Office Hours:    Open                          Close	Crew - Standard Shift:    Start                          End	
Total Number of Office Employees:	Total Number of Outside Employees:	
Approx. Sq. Ft. Indoor Storage:	Approx. Sq. Ft. Outdoor Storage:	Is Outdoor Area Fenced?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Minority Owned Business?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Woman Owned Business?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Please furnish the appropriate minority document & certificates
Please List any Union Affiliations:		Contract Expiration Date:    /     /
Do You Manufacture?    Yes <input type="checkbox"/> No <input type="checkbox"/>	UL Approved / Listed?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Do You Have Certified Welders?    Yes <input type="checkbox"/> No <input type="checkbox"/>

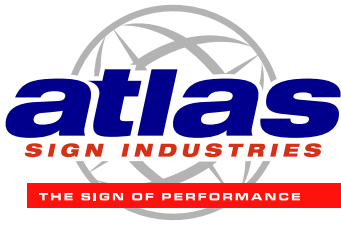
Please furnish the appropriate welding documents & certificates

### Contact Information

Name	Phone Ext.	Cell Number	E-Mail Address
Business Owner(s):			
Primary Contact:			
Permit Procurement:			
Estimating:			
Installation:			
Service / Maintenance:			
Accounting:			
24 Hour Emergency Contact:			Home Number

### References (Recent Customer Activity - Within 1 yr.)

Company Name	Contact	Phone Number



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Do you work for any national sign companies?: Yes <input type="checkbox"/> No <input type="checkbox"/>						If Yes, Please List Companies Below						
What Volume of Business is for National Sign Companies?:						Volume		\$0		%		
What Accounts do you service for the National Companies?:												
Have you had any OSHA violations in the last 5 years?: Yes <input type="checkbox"/> No <input type="checkbox"/>						If Yes, Please Explain Details Below						
Please provide a minimum of (3) customer references who are familiar with your work:												
Describe your normal geographic area in which mileage charges are not assessed:												
Do you have equipment to communicate with your crews?: Yes <input type="checkbox"/> No <input type="checkbox"/>												
Are your service vehicles fully equipped with lamps, ballasts, transformers, and necessary hardware / material for installations?: Yes <input type="checkbox"/> No <input type="checkbox"/>												
What is the standard material or Subcontracting Markup?:						Cost +		%				
Equipment		Yr. / Make / Model / Description				Reach (Feet)	2 Man Rate (\$)	1 Man Rate (\$)	* Emergency Rate (\$)			
Sign Crane:	Yes <input type="checkbox"/> No <input type="checkbox"/>						/hr	/hr	/hr			
Additional Sign Crane:	Yes <input type="checkbox"/> No <input type="checkbox"/>						/hr	/hr	/hr			
Additional Sign Crane:	Yes <input type="checkbox"/> No <input type="checkbox"/>						/hr	/hr	/hr			
Service Bucket Truck:	Yes <input type="checkbox"/> No <input type="checkbox"/>						/hr	/hr	/hr			
Service Van or Truck:	Yes <input type="checkbox"/> No <input type="checkbox"/>						/hr	/hr	/hr			
Backhoe:	Yes <input type="checkbox"/> No <input type="checkbox"/>						/hr	/hr	/hr			
Dump Truck:	Yes <input type="checkbox"/> No <input type="checkbox"/>						/hr	/hr	/hr			
Concrete Cost / cubic yd (include markup)				Minimum Haul				cubic yards		Short Haul fee (If applicable)		
Rebar Cost / lb. (including markup)												
<p>* An Emergency is a service or safety risk in need of immediate attention. You must provide service within 4 hours of the call being dispatched. You must be available 24 Hrs. per day, 365 days per year. If you are not interested in providing this service, mark these fields "N/A".</p>												
Do you provide the following services:												
Survey's: Yes <input type="checkbox"/> No <input type="checkbox"/>				Service: Yes <input type="checkbox"/> No <input type="checkbox"/>				Electrical: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Permitting: Yes <input type="checkbox"/> No <input type="checkbox"/>				Installation: Yes <input type="checkbox"/> No <input type="checkbox"/>								