



SUBCONTRACTOR QUALIFICATION FORM

Company Name: _____ E-Mail Address: _____

Contact Name: _____ President: _____

Address: _____ Telephone: _____ Fax: _____

_____ Federal Tax ID Number: _____

Remittance Address: _____ In Compliance with EEO Requirements?: Y N

Years Performing Work Specialty: _____ Former Company Name: _____

Name of Bank: _____ Work in Place Last Year: \$ _____

Address of Bank: _____ Average Annual Sales Last 3 Years: \$ _____

_____ Value of Capital Equipment Owned: \$ _____

Bank Contact: _____ Work Now Under Contract: \$ _____

Bank Telephone Number: _____ In-House Engineering or Fabrication Capacity?: Y N

Number of Employees: _____ % of Work Completed by Own Forces: _____

Work Normally Subcontracted: _____

Has your Company ever been involved in bankruptcy or re-organization? If so, please explain: _____

Has your Company ever failed to complete a contract? If so, please explain: _____



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REFERENCES: Please provide six (6) vendor references.

Company Name: _____ Company Name: _____

Contact Person: _____ Contact Person: _____

Telephone: _____ Telephone: _____

Company Name: _____ Company Name: _____

Contact Person: _____ Contact Person: _____

Telephone: _____ Telephone: _____

Company Name: _____ Company Name: _____

Contact Person: _____ Contact Person: _____

Telephone: _____ Telephone: _____

FINANCIAL STATEMENT:

Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing current assets, net fixed assets, current liabilities, and other liabilities.

Name of Firm Preparing Statement: _____

Address of Firm Preparing Statement: _____

Date Thereof: _____

If the attached financial statement is not for the identical organization named on page one, please explain:

Company Type (Please circle one)

- Corporation
- Partnership
- Sole Proprietorship
- Other _____



5858 Westheimer, Suite 150
Houston, Texas 77057
713.541.5070 (T) 713.541.5072 (F)
kdwltd.com

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This Form must be signed by an Officer of the Company or an individual authorized by an Officer of the Company.

Signature

Typed Name

Title

Date