

Service Provider Profile



Survey completed by: _____

Title: _____

Date: _____

U.S. Region: _____

State: _____

City: _____

Territory covered: _____

Company Name: _____

Years in Business: _____

Union **Non-Union**

Mailing Address: _____

Phone: _____
Fax: _____

Shipping Address: _____

Phone: _____
Fax: _____

Web Address: _____

Principle Agents & Personnel

Owner(s): _____ cell: _____ e-mail: _____

Owner(s): _____ cell: _____ e-mail: _____

Total Number of Employees: _____
Installers: _____ Movers: _____ Admin: _____ Other: _____

Estimated Gross Volume: 2016 _____ 2015 _____ 2014 _____

2016 Gross Volume breakdown:

% Office Furniture Installation: _____

% Move Services (Commercial and/or Residential): _____

% Other Services: Type of Service (Specify): _____

% of Intermarket Work: _____

Capabilities

Manned Warehouse: _____ Yes _____ No

Dock Level: _____ Yes _____ No

Trucking: _____ Yes _____ No

Delivery Program: _____ Yes _____ No

Install Services: _____ Yes _____ No

Repair/Refurbishing: _____ Yes _____ No

Recycling Services: _____ Yes _____ No

Cabling Services: _____ Yes _____ No

Design Services: _____ Yes _____ No

Move Services: _____ Yes _____ No

Sell New Product: _____ Yes _____ No

Sell Used Product: _____ Yes _____ No

Other types of Services: _____

Warehouse Square Footage: _____

Number and types of vehicles: _____

Locations:

Do you have other locations? _____ Yes _____ No

City: _____

City: _____

Relevant Project & Manufacturer Experience

Please check those manufacturers you have experience with and indicate if you have certification by that manufacturer. List other products or special projects on a separate sheet if necessary.

<u>Manufacturer</u>	<u>Experience</u>	<u>Certified</u>	<u>Manufacturer</u>	<u>Experience</u>	<u>Certified</u>
Allsteel	_____	_____	K I	_____	_____
AIS	_____	_____	Kimball	_____	_____
Haworth	_____	_____	Knoll	_____	_____
Herman Miller	_____	_____	Steelcase	_____	_____
Hon	_____	_____	Teknion	_____	_____
Inscape	_____	_____	Trendway	_____	_____

Please list any other products not shown above:

<u>Manufacturer</u>	<u>Experience</u>	<u>Certified</u>
_____	_____	_____
_____	_____	_____

Do you have experience or certification in wall systems? If so, by what manufacturer(s)?

Government Certifications:

Is your company:			Certification Classification #:
Minority Owned:	_____ Yes	_____ No	_____
Woman Owned:	_____ Yes	_____ No	_____
HUB Certified:	_____ Yes	_____ No	_____
8(a)	_____ Yes	_____ No	_____
Veteran Owned:	_____ Yes	_____ No	_____
DisableVeteran Owned:	_____ Yes	_____ No	_____

Rates:

Please provide us competitive hourly rates in your market for these services?

Installer - (Regular/Overtime): \$ _____ Supervisor - (Regular/Overtime): \$ _____

Mover - (Regular/Overtime): \$ _____ Supervisor - (Regular/Overtime): \$ _____

What is your minimum delivery charge (up to 25 mile radius)? _____

What is your maximum travel radius for services? _____

Please provide your D-U-N-S Number: _____

Recent Project References:

Date: _____ Customer: _____ Contact Name: _____
 Contact #: _____

Scope of work: _____
 Date: _____ Customer: _____ Contact Name: _____
 Contact #: _____

Scope of work: _____
 Date: _____ Customer: _____ Contact Name: _____
 Contact #: _____

Scope of work: _____

The information requested in this profile will be regarded as **confidential** and will only be used to help InstallNET determine which projects are best suited to your organization. No one will be solicited without prior permission by the service provider. Please complete this profile and return by email to: ascheidt@installnet.com or fax to (888)809-5990.

TOTAL completion of this profile is essential to qualify your organization as an "InstallNet Registered Service Provider".