

# 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:            2017 \_\_\_\_\_            2016 \_\_\_\_\_            2015 \_\_\_\_\_

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	Warehouse Square Footage: _____
Dock Level:	_____ Yes	_____ No	
Trucking:	_____ Yes	_____ No	Number and types of vehicles: _____
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:	_____		

## 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](mailto:ascheidt@installnet.com), [bgaley@installnet.com](mailto:bgaley@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".**