

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: 2019 _____ 2018 _____ 2017 _____

2019 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.

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