

Service Provider Profile



Survey completed by: _____

Title: _____

Date: _____

U.S. Region: _____ State: _____

City: _____ Territory covered: _____

Company Name: _____ Years in Business: _____

NON-UNION UNION

Mailing Address: _____ Phone: _____
 _____ Fax: _____

Shipping Address: _____ Phone: _____
 _____ Fax: _____

Web Address: _____

Principle Agents & Personnel

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

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

Estimated Gross Volume: 2020 _____ 2019 _____ 2018 _____

2020 Gross Volume breakdown:

% Office Furniture Installation: _____
 % Move Services (Commercial and/or Residential): _____
 % Other Services: Type of Service (Specify): _____
 % of Intermarket Work: _____

Capabilities

YES NO

Manned Warehouse: _____ Warehouse Square Footage: _____
 Dock Level: _____
 Trucking: _____ Number and types of vehicles: _____
 Delivery Program: _____
 Install Services: _____
 Repair/Refurbishing: _____
 Recycling Services: _____
 Cabling Services: _____
 Design Services: _____
 Move Services: _____
 Architectural Walls:
 Artwork (with Security Hardware)
 Sell New Product: _____
 Sell Used Product:
 Other types of Services: _____

Locations:

Do you have other locations? Yes No
 Address / City / State / Zip: _____
 Address / City / State / Zip: _____

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: **YES** **NO** Certification Classification #: _____

Minority Owned: _____

Woman Owned: _____

HUB Certified: _____

8(a) _____

Veteran Owned: _____

DisableVeteran Owned: _____

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 install charge (up to 25 mile radius)? _____

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: _____		

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: provider@installnet.com. If you have any questions please contact our Provider Team at 443-302-6389.

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