

# 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:	<b>YES</b>	<b>NO</b>	Certification Classification #:
Minority Owned:		<input type="checkbox"/>	_____
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](mailto:provider@installnet.com). If you have any questions please contact our Provider Team at 443-302-6391.

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