



901 US Hwy 17 South
 Surfside Beach, SC 29575
 (O) 843-748-0411
 (F) 843-748-0439
 ASLServices48@Gmail.com

VENDOR INFORMATION FORM

GENERAL INFORMATION		DATE: _____, 20__	
Vendor Legal Business Name:			
DBA:			
Street Address:			
City:	State:	Zip:	
Mailing Address:			
City:	State:	Zip:	
Phone:	Fax:	Toll Free No:	
Company Web Address:			
Type of Company: () Subcontractor () Supplier () Both			
CONTACT INFORMATION			
Primary Contact Name & Title:			
Office Phone:		Cell Phone:	
Email:			
Installation Contact Name & Title:			
Office Phone:		Cell Phone:	
Email:			
Service/Maintenance Name & Title:			
Office Phone:		Cell Phone:	
Email:			
Permitting Contact Name & Title:			
Number of Years in Business:		Federal Tax ID:	
Contractor's License No:			
Electrical License No:			
Bonded (Y/N):		Bondable (Y/N):	
Labor affiliation: () Union () Non-Union () Both			
List of branch offices of your organization and locations:			
List states or areas your company covers:			
Do you have any judgments, claims, arbitrations, suits, or liens currently against your organization? If yes, please explain below. () yes () no			
How many OSHA Recordable incidents have you incurred in the past 3 years?			
Do you have a written safety program? () yes () no			
What volume of business is for national sign companies? %			



901 US Hwy 17 South
 Surfside Beach, SC 29575
 (O) 843-748-0411
 (F) 843-748-0439
 ASLServices48@Gmail.com

Please provide a minimum of 3 customer references that are familiar with your work:

COMPANY NAME	CONTACT NAME	PHONE NUMBER

Do you provide the following services:

Surveys: () yes () no Permitting: () yes () no Installation: () yes () no

Service/Maintenance: () yes () no Manufacturing: () yes () no

Certified Welders: () yes () no

Certified Electrician () yes () no	Vinyl Potter () yes () no	Digital Printer () yes () no	Neon Plant () yes () no	Engineering Services () yes () no
--	-----------------------------------	--------------------------------------	---------------------------------	---

Licensed Electricians: () yes () no

Approx. Sq. Ft of Indoor Storage:	Approx. Sq. Ft of Outdoor Storage:
Loading Dock (Y/N)	Fork Lift (Y/N)
Receiving Crew (Y/N)	Receiving Hours/Days:
Is the outdoor storage fenced? () yes () no	
No. of office employees:	No. of shop employees:
No. of outside crews:	
No. of employees per outside crew:	
Are your service vehicles fully equipped with lamps, ballasts, transformers, and necessary hardware/material for installations? () yes () no	

LIST ONLY THE EQUIPMENT YOUR COMPANY OWNS.

Equipment	Qty.	Description	Reach (ft.)	2 Man Rate	1 Man Rate	Welding Machine/Cutting Torch
Sign Crane: ()y ()n						()y ()n
Sign Crane: ()y ()n						()y ()n
Sign Crane: ()y ()n						()y ()n
Bucket Truck: ()y ()n						()y ()n
Bucket Truck: ()y ()n						()y ()n
Service Truck: ()y ()n						()y ()n



901 US Hwy 17 South
Surfside Beach, SC 29575
(O) 843-748-0411
(F) 843-748-0439
ASLServices48@Gmail.com

Additional Equipment or Company Information or attach additional sheet:

The undersigned acknowledges receipt of the Confidentiality/Non-Disclosure Agreement (Exhibit "A") as part of this Vendor Information Form and accepts its terms as set forth in said Agreement.

The information supplied by the undersigned in this document is intended only for the use of providing relevant information to National Sign Companies. The undersigned certifies that the information provided herein is a clear and accurate representation of this organization. Information is supplied by:

Signature

Date