

PLEASE EMAIL COMPLETED FORM TO VENDOR@TRIANGLESIGN.COM

VENDOR NAME: _____

VENDOR OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

VENDOR WAREHOUSE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PRIMARY CONTACT NAME: _____

PRIMARY CONTACT EMAIL: _____

BUSINESS LICENSE NUMBER: _____

CONTRACTORS LICENSE NUMBER: _____

ELECTRICAL LICENSE NUMBER (IF APPLICABLE): _____

OTHER LICENSES HELD (TYPE & NUMBER): _____

BONDED (Y/N): _____ BONDABLE (Y/N): _____

SELF PERFORMED SERVICES (CHECK ALL OFFERED)

SURVEY <input type="checkbox"/>	EXCAVATION <input type="checkbox"/>	SIGN FABRICATION <input type="checkbox"/>	OUTDOOR LIGHTING <input type="checkbox"/>
PERMITS <input type="checkbox"/>	ASPHALT REPAIR <input type="checkbox"/>	INTERIOR SIGN INSTALLATION <input type="checkbox"/>	PARKING LOT LIGHT RETROFITS <input type="checkbox"/>
VARIANCES <input type="checkbox"/>	CONCRETE FORMING <input type="checkbox"/>	DIGITAL PRINTING <input type="checkbox"/>	COMPUTER CABLING <input type="checkbox"/>
SERVICE <input type="checkbox"/>	GROUND SIGN INSTALLATION <input type="checkbox"/>	LED RETROFITS/UPGRADES <input type="checkbox"/>	ELECTRICAL AUDITS <input type="checkbox"/>
EMERGENCY SERVICE <input type="checkbox"/>	EXTERIOR WALL SIGN INSTALLATION <input type="checkbox"/>	AWNING FABRICATION <input type="checkbox"/>	GENERATOR INSTALLATION <input type="checkbox"/>
NIGHT SERVICE <input type="checkbox"/>	HIGH-RISE INSTALLATION <input type="checkbox"/>	AWNING INSTALLATION <input type="checkbox"/>	BALLAST/DRIVER REPLACEMENT <input type="checkbox"/>
REMOVALS <input type="checkbox"/>	HIGH-RISE SERVICE <input type="checkbox"/>	AWNING RESKINNING <input type="checkbox"/>	ENERGY EFFICIENT RETROFITS <input type="checkbox"/>
DISPOSAL <input type="checkbox"/>	CERTIFIED CRANE OPERATOR <input type="checkbox"/>	LIGHTING INSTALLATION <input type="checkbox"/>	MOTION SENSOR INSTALLATION <input type="checkbox"/>
WALL RESTORATION <input type="checkbox"/>	CERTIFIED RAPPELLING <input type="checkbox"/>	LIGHTING SERVICE <input type="checkbox"/>	NEON REPAIRS <input type="checkbox"/>
PRESSURE WASHING <input type="checkbox"/>	CERTIFIED WELDER <input type="checkbox"/>	ELECTRONIC MESSAGE CENTER INSTALL/SERVICE <input type="checkbox"/>	
ELECTRICAL CONTRACTING <input type="checkbox"/>	VINYL INSTALLATION <input type="checkbox"/>	ELECTRIC CAR RECHARGE STATION INSTALLATION <input type="checkbox"/>	
OTHER SERVICES (PLEASE LIST):			

MANPOWER CAPABILITY

TYPE OF LABOR: UNION NON-UNION BOTH

NUMBER FIELD PERSONNEL: _____ NUMBER OF CREWS: _____ NUMBER INSTALL CREWS: _____
NUMBER OF SERVICE CREWS: _____ HOURLY RATE ONE (1) MAN: _____
HOURLY RATE TWO (2) MEN: _____ HOURLY RATE THREE (3) MEN: _____
HOURLY RATE FOUR (4) MEN: _____ OVERTIME RATE: _____
HOURLY RATE FOR ELECTRICIAN: _____ HOURLY WEEKEND RATE: _____
HOURLY NIGHT RATE: _____ HOURLY HOLIDAY RATE: _____ HOURLY TRAVEL RATE: _____
OTHER RATES (PLEASE LIST): _____

EQUIPMENT CAPABILITY

NUMBER OF BUCKET TRUCKS: _____ MAXIMUM REACH: _____
LIST HEIGHT OF EACH BUCKET TRUCK: _____
NUMBER OF CRANE TRUCKS: _____ MAXIMUM REACH: _____
LIST HEIGHT OF EACH CRANE TRUCK: _____
NUMBER OF SERVICE TRUCKS: _____ MAXIMUM REACH: _____
NUMBER OF PICKUP TRUCKS: _____ NUMBER OF FLATBED TRAILERS: _____
AUGER (Y/N): _____ MAX. DIAMETER: _____ SCISSOR LIFT (Y/N): _____ MAX. REACH: _____
LIFTS (Y/N): _____ MAX. REACH: _____ BACK HOE (Y/N): _____ DUMP TRUCK (Y/N): _____
IN-HOUSE STAGING (Y/N): _____ IN-HOUSE SCAFFOLDING (Y/N): _____

FACILITY CAPABILITY

APPROXIMATE INDOOR STORAGE SQ. FT.: _____ CLIMATE CONTROLLED (Y/N): _____
APPROXIMATE OUTDOOR STORAGE SQ. FT.: _____ FENCED (Y/N): _____
LOADING DOCK (Y/N): _____ FORK LIFT (Y/N): _____ RECEIVING CREW (Y/N): _____
HOURS/DAYS FOR RECEIVING PRODUCT: _____

REFERENCES

COMPANY	CONTACT	PHONE NUMBER