

Distribution	SUBJECT	Date
	VENDOR INFORMATION SHEET	09-01-2014

It is the Project Manager's responsibility to see that each bidder completes a Vendor Information Sheet and submits it along with his bid. The Vendor Information Sheet serves two purposes:

1. It is an aid in evaluating the ability and financial strength of the Vendor.
2. It contains information needed to prepare the Standard Sub-Contract Agreement and Purchase Orders.

The Project Manager should not accept any bids without obtaining a completed and signed Vendor Information Sheet. The Project Manager should **thoroughly review** the Vendor Information Sheet at the time it is received to make sure the form is signed and all information is complete and legible.

EXAMPLE

EXHIBIT "D" FLYNN DEVELOPMENT CORPORATION SUBCONTRACTOR/VENDOR INFORMATION SHEET

A. The legal name and business address of the subcontractor/vendor is:

Business Name: Parker Roofing Co.
Street Address: 215 West Detroit Blvd
City: Pensacola, FL State: FL Zip: 32534
Principal: Scott Parker Salesman: Scott Parker
Phone: 850-477-8825 Fax: 850-477-3877
Email: Parker Roofing Company @ Gmail Mobile: 850-712-5175
.com

B. The subcontractor/vendor is: (Check one)

1. Corporation: Limited Liability Corporation General Partnership
Limited Partnership Proprietorship Other
2. Federal I.D. Number: 59-3230031
3. FL Dept. of Professional Reg. License (Attach Copy): CCC057544
4. FDPR Qualifying Individual Name: Cecil Scott Parker
5. Local Occupational License Number (Attach Copy): LECT. NO 128191

C. The name, title, and address of the owner, partners or officers of the subcontractor/vendor firm are:

Name: Billy Parker Title: President
Home Street Address: 7331 Gibson Rd
City: Molino State: FL Zip: 32577
Social Security No.: _____ Home Phone No. 850-712-7981
Name: _____ Title: Vice-President
Home Street Address: Cecil Scott Parker
City: Molino State: FL Zip: 32577
Social Security No.: OHSS Home Phone No. 850 712-5175

D. The names and addresses of all suppliers and subcontractors I will use are as follows:

Name	Address	Description of Service/Material Supplied	Area Code/Phone

E. Insurance Agency - Liability: Acord Locklin Insurance Agency
Agent Name: Jackie Blacker Agent Phone Number: (850) 623-3608

F. Insurance Agency - Workers Comp: LCB Insurance, LLC
Agent Name: Audra Bell Agent Phone Number: (813) 949-2708

I hereby certify that this information is correct and authorize verification including the obtaining of credit reports by the General Contractor or its agents.

Date: 7/19/2013
Parker Roofing Co.
Subcontractor/Vendor
By: Scott Parker
Title: Vice-Pres