

Subcontractor Company Profile

Company Name: _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____

Office Phone: _____ Office Fax: _____ Cell Phone: _____

Email Address: _____

Website Address: _____

Geographical Preference: _____

Division No: _____

Scope of Work Description: _____

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Crossection, Inc. will provide the plans and specifications; however, the subcontractor is required to pay for shipping:

UPS Acct #: _____

Fed Ex Acct #: _____

Shipping Preference: Overnight _____ 2nd Day _____ Ground _____

In order to qualify on our bidder's list you must submit the following information as an attachment:

- Years of Experience
- Key Personnel
- Owners and General Contractors References
- Jobs in Progress and Completed Jobs
- Insurance Information
- License Information
- Professional References

Comments: _____

Return form via fax to: 703-450-4322
Attn Estimating

Return Form Via Email to:
estimating@crossection.com

Office Use Only	Subcontractor referred by: _____
	Qualified by: _____
	Date entered on Bid List: _____