

Crossection, Inc. Company Profile

Company Name: _____

President/Managing Director or Partner: _____

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: _____

Division No: _____

Scope of Work Description: _____

Crossection, Inc. will provide the plans and specifications; however, the subcontractor is responsible for shipping

UPS Acct #: _____

Fed Ex Acct #: _____

Shipping Preference: Please circle one 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

Insurance Information

Key Personnel

License Information

Owners and General Contractors References

Professional References

Jobs in Progress and Completed Jobs

Comments: _____

Return form via Email or fax: ckemp@crossection.com
(703) 450-4322

Office Use Only

Subcontractor referred by: _____

Qualified by: _____

Date entered on Bid List: _____