

VENDOR QUESTIONNAIRE

[please fill out completely and return via email]

COMPANY INFORMATION		
Company Name:		
Address:		
City:		
State:		
Zip:		
Phone:		
Fax:		
Website:		
CONTACT INFORMATION		
Contact Name:		
Title:		
Email Address:		
Mobile Phone:		
VENDOR INFORMATION		
Trade Description:		
Geographic Service Areas: (please list major cities/states)		
State Vendor Certification:		
Number of Employees:	Shop:	
	Field:	
	Office:	
Annual Sales Volume:	2014:	
	2015:	
	2016:	
Type of Shop:		
Number of Years in Business:		

CURRENT PROJECT #1	
Project Name:	
GC / Client:	
Contact Name:	
Phone:	
Email:	
Scope of Work:	
Contract Amount:	
Completion Date:	
CURRENT PROJECT #2	
Project Name:	
GC / Client:	
Contact Name:	
Phone:	
Email:	
Scope of Work:	
Contract Amount:	
Completion Date:	
REFERENCES	
<i>Please list one (1) <u>Vendor/Supplier Reference</u> for your company.</i>	
Company Name:	
Address:	
Contact Name:	
Phone:	
Email:	
<i>Please list one (1) <u>GC / Client Reference</u> for your company.</i>	
Company Name:	
Address:	
Contact Name:	
Phone:	
Email:	
<i>Please list one (1) <u>Bank Reference</u> for your company.</i>	
Bank Name:	
Contact Name:	
Phone:	
Email:	

OTHER INFORMATION				
<i>Would you agree to:</i>				
Sign RDC's Master Subcontractor Contract and meet our Insurance requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Actively participate in RDC's Job Safety Program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your company performed previously for RDC ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your company ever been cited by OSHA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Single project bonding capacity?	\$			
Experience Modifier Rate for:	2015			
	2016			