

Subcontractor Prequalification

Company Information:

Firm Name: _____ Type of Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No. _____ Fax: _____ Website: _____

Federal Tax No.: _____ Year Company Established: _____

Dunn & Bradstreet Rating: _____ Dunn & Bradstreet No.: _____

Company Officers: _____

Acct. Receivable Contact: _____

Company can provide a bid bond & performance & payment bond on projects: Yes No

Does your Company have a Drug Test Program ? Yes No

Bank Reference:

Bank: _____ Contact: _____

Phone: _____ Email: _____

Project References:

Project: _____ Contact: _____

Phone: _____ Email: _____

Project: _____ Contact: _____

Phone: _____ Email: _____

Trade References on Open Accounts:

Company: _____ Contact: _____

Phone: _____ Email: _____

Company: _____ Contact: _____

Phone: _____ Email: _____

Note: Please submit a copy of your Certificate of Insurance to invoices@benike.com or fax 507-288-0116

Signed: _____ Title: _____ Date: _____