SUB-CONTRACTOR / VENDOR- BIDDER INFORMATION FORM

To be added to our bid list complete the following information and for Company: (Complete Legal Name)		Date:	
Mailing Address		Telephone:	
		Fax:	
Physical Address	5: 	Cell:	
Owner/President:		E-mail Address:	
Contact Person:	Title:		
☐ Corporation ☐Other ☐ Partnership ☐ Sole Proprietorship		Federal ID# or Social Security #	
☐ Limited Liabil	ity Corporation	Year established:	
Nature of Busine	SS: (ie Utilites, Roofing, Drywall, Electrical, Me	echanical) or service you provide.	
lf Yes, please pro	a payment and performance bond ? ovide project size limit: f contracted to do a job)	□ Yes □ No	
` '	licensed and insured - Workmans Co	mp & General Liability?	
	Name Business	Contact Person	Phone Number
2			
3			

To be added to our Subcontractor base you must complete all information above.

7700 Conner Road Powell, TN 37849

Phone: 865-938-1500 Fax: 865-938-1505

