

Business Information:
Company Name:
Business Address:
City, State, ZIP Code:
Phone Number:
Email Address:
Website (if applicable):
Primary Contact Information:
Name:
Title/Position:
Phone Number:
Email Address:
Business Details:
1. Business Structure (Check One):
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2. Number of Years in Business:
3. Are you a certified minority-owned, woman-owned, or veteran-owned business? (Check all that apply)
4. Tax ID or EIN:
<u>Products/Services Provided:</u> Please provide a brief description of the products/services your company offers:

Experience & References:

1.	 Have you worked with residential or commercial construction projects before? (Check One) 			
2.	List three recent projects or clients (if applicable):			
	o Client/Project Name: _		_ Contact:	
	o Client/Project Name: _		_ Contact:	
	Client/Project Name: _		_ Contact:	
Insura	ance & Compliance:			
1.	1. Do you carry general liability insurance? (Check One)			
2.	2. Do you carry workers' compensation insurance? (Check One)			
3.	. Are you licensed and bonded? (Check One)			
4.	4. License Number (if applicable):			
<u>Addit</u>	ional Information:			
1.	What sets your business apa	rt from competitors?		
2.	Do you have any special certifications or training relevant to the construction industry?			
provi	orization & Agreement: By subrided is accurate and complete. It uarantee a vendor partnership	understand that submi	ssion of this application does	
Signa	ture:	Date:		
Print	Name:	Title:	Title:	

Submit completed applications to: Stella Construction Palm Bay, Florida Stellaconstruction2020@gmail.com 321-327-2105