

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: <i>(please list major cities/states)</i>		
State Vendor Certification:		
Number of Employees:	Shop:	
	Field:	
	Office:	
Annual Sales Volume:	2020:	
	2021:	
	2022:	
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*Please list one (1) Vendor/Supplier Reference for your company.*

Company Name:

Address:

Contact Name:

Phone:

Email:

Please list one (1) GC / Client Reference for your company.

Company Name:

Address:

Contact Name:

Phone:

Email:

Please list one (1) Bank Reference for your company.

Bank Name:

Contact Name:

Phone:

Email:

OTHER INFORMATION*Would you agree to:*

Sign RDC's Master Subcontractor Contract and meet our Insurance requirements?

Yes

No

Actively participate in RDC's Job Safety Program?

Yes

No

Has your company performed previously for RDC ?

Yes

No

Has your company ever been cited by OSHA?

Yes

No

Single project bonding capacity?

\$

Experience Modifier Rate for:

2021

2022