



SUBCONTRACTOR INTAKE FORM

***Required Fields**

Click the blue Submit button to launch an email window. The Submit button will launch a draft email to verdexprequal@verdex.com with this intake form attached. Attach the required documents to the draft email. Send the email.

If an email window does not launch after clicking the blue Submit button, please email this form and the required documents to VerdexPrequal@Verdex.com.

1. SUBCONTRACTOR IDENTITY

*Legal Company Name: _____

*DBA (fill in "none" if none): _____

*Address: _____

Website: _____ *Business Phone Number: _____

*Trade(s): _____

*Qualifier/Title: _____ Mobile: _____ Email: _____

*Estimating Contact: _____ Mobile: _____ Email: _____

Accounting Contact: _____ Mobile: _____ Email: _____

Additional Contact/Title: _____ Mobile: _____ Email: _____

*FEIN/Tax ID: _____

Type of Company: Individual/Sole Proprietorship Single-member LLC C Corporation S Corporation
 Partnership Trust/estate Limited Liability Company

Date Company Formed & State: _____ Total Number of Payrolled Employees: _____

Has the company operated under any other name in the past five years? Yes No

If yes, give name(s): _____

Does the company have offices, plants, or warehouses at other locations? Yes No

If yes, give location(s): _____

2. MBE /WBE /SBE CERTIFICATION

Indicate if the company is certified as any of the following: *(If yes, provide copy of certification.)*

Minority Business Enterprise (MBE): Yes No

Women Business Enterprise (WBE): Yes No

Small Business Enterprise (SBE): Yes No

Other: _____

3. FINANCIAL INFORMATION

Does the company have a line of credit from any lending institution? Yes No

*Does the company have the ability to bond projects? Yes No

*Name of Surety and Agent (write "none" if none): _____

*Current amount being bonded (write "none" if none): _____

*Bond Rate (write "none" if none): _____



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4. REFERENCES

*Previous Projects:

Name of Project	Scope of Work	Contract Amount	General Contractor	Completion Date

*General Contractor References:

Company Name	Contact Person	Phone Number

The undersigned officer, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Name (Printed): _____ Signature: _____

Date: _____ Title: _____

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Please be sure to include the following required documents:

- Completed Intake form
- W-9
- Current Florida Business License (business must be licensed in Florida to complete intake)
- MBE /WBE /SBE certification (if applicable)