



INTRANET COMMUNICATIONS GROUP VENDOR REGISTRATION FORM

Vendor Name: _____

Vendor Address: _____

Point of Contact: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

DUNS No.: _____

Type of Legal Entity (ex. Corporation, LLC, Sole Proprietorship, etc.): _____

Classifications (ex. Small Business, WOSB, SDVOSB, HUBZone, etc.): _____

Federal Tax ID #: _____

NAICS Code(s): _____

Trades you Perform: _____

Largest Contract Completed: _____

Bonding Capacity: Single _____ Aggregate _____

Have you ever failed to complete a project? Explain _____

Have you ever been assessed liquidated damages? Explain _____

Any active litigation with Owners/ General Contractors? Explain _____

Do you have a written safety and health program/manual? _____

Describe any OSHA violations received: _____

Name _____ Date _____

Signature _____