Central Industrial LLC

SUPPLIER/SUBCONTRACTOR PRE-QUALIFICATION FORM GENERAL INFORMATION

Name:		
Specialty:		
ADDRESS:		
SALES CONTACT PERSON:		
SALES PHONE:		
SALES EMAIL:		
VENDOR EMAIL:		
TYPE OF MATERIAL/SERVICES		
HOW MANY YEARS IN BUSINESS:		
TOTAL NUMBER OF PERSONNEL		
DUN AND BRADSTREET NUMBER		
HAS THE BUSINESS BEEN SUBJECT OF BANKRUPTCY PROCEEDINGS?		
PLEASE PROVIDE THREE REFERENCES:		
PLEASE PRO	OVIDE THREE REFERENCES:	
PLEASE PRO	OVIDE THREE REFERENCES:	
	OVIDE THREE REFERENCES:	
NAME	OVIDE THREE REFERENCES:	
NAME CONTACT	OVIDE THREE REFERENCES:	
NAME CONTACT ADDRESS	OVIDE THREE REFERENCES:	
NAME CONTACT ADDRESS PHONE NUMBER	OVIDE THREE REFERENCES:	
NAME CONTACT ADDRESS PHONE NUMBER WEBSITE	OVIDE THREE REFERENCES:	
NAME CONTACT ADDRESS PHONE NUMBER WEBSITE NAME	OVIDE THREE REFERENCES:	
NAME CONTACT ADDRESS PHONE NUMBER WEBSITE NAME CONTACT	OVIDE THREE REFERENCES:	
NAME CONTACT ADDRESS PHONE NUMBER WEBSITE NAME CONTACT ADDRESS	OVIDE THREE REFERENCES:	

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CONTACT	
ADDRESS	
PHONE NUMBER	
WEBSITE	

ADDITIONAL REQUIREMENTS

If Necessary, are you able to provide the following requirements	