

# Wetzel Flooring – Installer Prequalification Form

614 Wooster Pike Terrace Park, OH 45174  
(513) 793-2411 Wetzelflooring1@gmail.com

**Instructions:** Please complete the following requested information. Any additional information you deem to be useful for evaluation of your capabilities may be included at the end of this document. Your completed pre-qualification form will be kept confidential and only utilized by Wetzel Flooring.

Name: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Firm: (circle one)

Address: \_\_\_\_\_

Individual Installer

Address: \_\_\_\_\_

Crew Leader with Team

City/State/Zip: \_\_\_\_\_

Other: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Date: \_\_\_\_\_

## **Bank Reference:**

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

## **Customer Reference:**

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

## **Please list (3) current projects:**

Project name: \_\_\_\_\_ Address: \_\_\_\_\_ Your Contract Value: \_\_\_\_\_

Project name: \_\_\_\_\_ Address: \_\_\_\_\_ Your Contract Value: \_\_\_\_\_

Project name: \_\_\_\_\_ Address: \_\_\_\_\_ Your Contract Value: \_\_\_\_\_

## **Please list three (3) clients that you have worked for in the last twelve (12) months that can be called upon as references:**

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Contract Amt: \_\_\_\_\_ Project: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Contract Amt: \_\_\_\_\_ Project: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Contract Amt: \_\_\_\_\_ Project: \_\_\_\_\_

## **Please list three (3) Suppliers that can be called upon as references:**

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

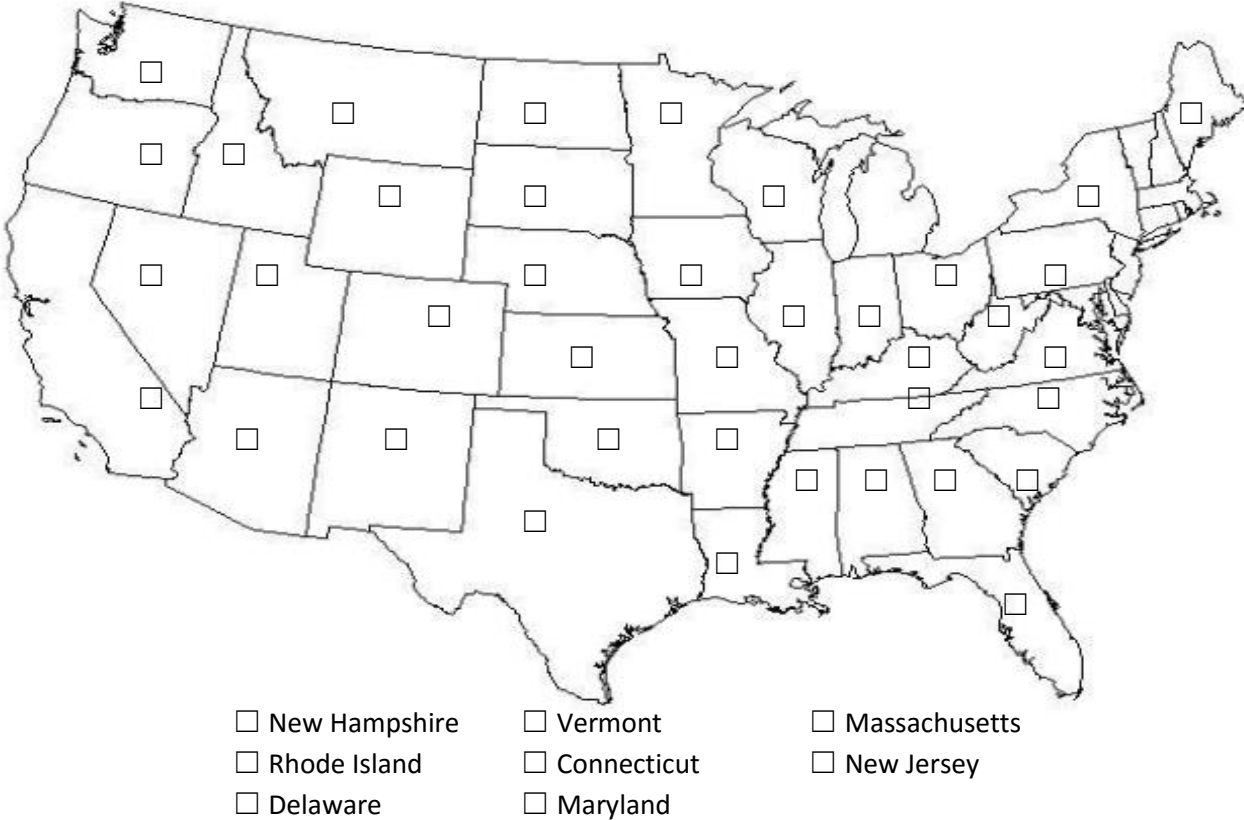
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**Please select below each work category your business is qualified to perform:**

- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Carpet (Broadloom)               | <input type="checkbox"/> Carpet (Tiles)         | <input type="checkbox"/> Tile & Marble                       | <input type="checkbox"/> Ceramic Tile |
| <input type="checkbox"/> Wood Flooring                    | <input type="checkbox"/> Resilient Floors, Base | <input type="checkbox"/> Electric                            | <input type="checkbox"/> Plumbing     |
| <input type="checkbox"/> Commercial/Retail Fixture Moving | <input type="checkbox"/> Gondola Moving         | <input type="checkbox"/> Office Furniture & Partition Moving |                                       |
| <input type="checkbox"/> Other: _____                     |   |  |                                       |

**Please mark with an (X) which states your business will travel to perform work:**



**Please provide the names of any key individuals that may be involved with your team:**

NAME	POSITION/DUTIES	CELL PHONE

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**Does your current insurance policy provide the following: (Please attach a copy of current certificates)**

- a.) Liability Coverage     Yes                       No
- b.) Property Coverage    Yes                       No
- c.) Auto Coverage         Yes                       No
- d.) Worker’s Comp.       Yes                       No
- e.) Do you have a taxpayer identification number (W-9)?                       Yes                       No

**Identify the type of vehicle you utilize while performing services?**

- Extended Van                                      Make/Model/Year: \_\_\_\_\_
- Sprinter Van                                        Make/Model/Year: \_\_\_\_\_
- Cargo Box Truck                                Make/Model/Year: \_\_\_\_\_
- Trailer    Please Explain: \_\_\_\_\_
- Other     Please Explain: \_\_\_\_\_
- I Have No Transportation

**Do you Own, Lease or Rent (As Needed) your vehicle used to provide services?**

- Own                                       Lease                                       Rent as Needed

**Identify the equipment you own and use to provide services:**

- Carpet Puller                       Tile Saw                       Buffer Machine                       Vacuum, Shop Vac                       Gondola Movers
- Floor Stripping (if yes, walk behind or rider)     Other: \_\_\_\_\_                       Other: \_\_\_\_\_

**Identify each of the following capabilities you are able to perform:**

- Do you use a business credit card for expenses
- Can you take quality photographs/videos at jobsite
- Remote access to internet while at jobsite
- Have Laptop at Jobsite (Send/Receive e-mail messages while at jobsite)
- Have Netbook/Tablet/iPad
- Do not have access to computer
- Do you utilize a Smartphone
  - Blackberry     Android     iPhone     Do not have a smartphone device

**Any additional information or qualifications please include here:**

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I, \_\_\_\_\_ do hereby state that the above information is true and correct to the best of my knowledge  
(Installer/Applicant Name)

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and scan back with additional paperwork to [wetzelflooring1@gmail.com](mailto:wetzelflooring1@gmail.com) or mail to our office at:  
614 Wooster Pike Terrace Park, OH 45174. Please call (513)793-2411 if you have any questions.**