



Vendor Application

Thank you for your interest in our company! We are eager to add you to our bidder's list; however, we ask that you complete the information below to help us keep our records current and accurate. Upon completion please sign the form and return it to us via *fax* to: 210-821-5862 or *e-mail* to bids@tejaspremierbc.com. We look forward to working with you! Should you have any questions regarding the completion of this form please call Brandy Perry or Angelica Coronado at: 210-821-5858.

Please provide your company's general information below:

Legal Name of Firm: _____

Tax ID #: _____ Proprietorship Corporation Partnership Other: _____

Estimator: _____ Alt. Contact: _____ Yr Founded: _____

Physical Address (city, state, zip) _____

Mailing address if different than above: _____

Number of employees (select one): 1-10 11-50 > 50

Office Phone#: _____ Office Fax#: _____ e-mail address: _____

Do you prefer to receive our bids via: E-mail? **OR** Fax? (please select one)

**Please check all certifications that apply; provide your Certification Number (if applicable) AND.....
Send a copy of EACH certificate .**

	Certification Number
<input type="checkbox"/> South Central Texas Regional Certification Agency (SCTRCA)	_____
Check all that apply: <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> AABE <input type="checkbox"/> WBE <input type="checkbox"/> ABE <input type="checkbox"/> ESBE <input type="checkbox"/> HABE <input type="checkbox"/> NABE	
<input type="checkbox"/> South Central Texas Regional Certification Agency (SCTRCA) <input type="checkbox"/> DBE	_____
<input type="checkbox"/> State of Texas - HUB	_____
<input type="checkbox"/> Federal, SBA (check all that apply):	
<input type="checkbox"/> 8(a)- Small Disadvantage Business	
<input type="checkbox"/> HubZone <input type="checkbox"/> 8(m) Women-owned Small Business (WOSB)	
<input type="checkbox"/> Economically Disadvantage Women-owned Small Business (EDWOSB)	
<input type="checkbox"/> WBEA- Women's Business Enterprise Alliance	_____
<input type="checkbox"/> Southwest Minority Supplier Development Council (SMSDC)	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> N/A	

Project Size: Please select the project size capability that best fits your company:

- Tier 1 Under \$25,000.00
- Tier 2 25,000.00 – 100,000.00
- Tier 3 100,000.00 – 200,000.00
- Tier 4 Over \$ 200,000.00 (**Bonding is required**)

Services:

Please list the service(s) your company provides: _____

Bonding/Insurance Information:

What are your bonding capabilities? Single: _____ Aggregate: _____ None

Limits on Insurance Coverage:

Worker’s Compensation: \$ _____ General Liability: \$ _____ Auto: \$ _____

Umbrella: \$ _____ Other (specify): _____ \$ _____

Past Projects: List the major projects your firm has completed in the past 3 years.

1. Project Name: _____

Owner/Contractor: _____ Phone #: _____

Architect/Engineer: _____ Phone #: _____

Contract Amount: \$ _____ Start & Finish Dates: _____

2. Project Name: _____

Owner/Contractor: _____ Phone #: _____

Architect/Engineer: _____ Phone #: _____

Contract Amount: \$ _____ Start & Finish Dates: _____


3. Project Name: _____

Owner/Contractor: _____ Phone #: _____

Architect/Engineer: _____ Phone #: _____

Contract Amount: \$ _____ Start & Finish Dates: _____

The undersigned individual hereby acknowledges that he/she is an authorized person representing the above named Firm and authorizes Tejas Premier Building Contractor, Inc. to call the above listed references.

Print Name: _____ Signature: _____  _____ (Date)