



SUBCONTRACTOR QUESTIONNAIRE FORM

JOB NAME: _____

JOB NO.: _____

1. NAME, ADDRESS, AND PHONE NUMBER OF SUBCONTRACTOR:

2. TYPE OF WORK TO BE PERFORMED:

3. CHECK APPLICABLE CATEGORY:

LABOR ONLY MATERIALS ONLY LABOR & MATERIALS

**4. WILL YOU SUBCONTRACT ANY PORTION OF YOUR WORK?
IF SO, WHAT PORTION AND TO WHOM? (GIVE NAME, ADDRESS, AND PHONE NUMBER OF
YOUR SUBS. IF NECESSARY, CONTINUE ON BACK OF THIS FORM.)**

1. _____
2. _____
3. _____
4. _____

**5. LIST OF YOUR CURRENT MAJOR SUPPLIERS FOR THIS PROJECT. (NAME & PHONE
NUMBER. IF NECESSARY, CONTINUE ON BACK OF THIS FORM).**

6. MATERIALS FOR THIS JOB WILL BE PURCHASED:

ON AN OPEN ACCOUNT SPECIFIC JOB ACCOUNT

7. GIVE FINANCIAL REFERENCES:

1. _____
2. _____
3. _____

Complete this form and return it, along with your signed subcontract to our office. Thank you.

File: subquestionaire