



Specializing in Automotive Dealership Design and Construction
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NEW SUBCONTRACTOR QUALIFICATION APPLICATION

Contact Information

Date: _____

Company Name: _____

Company Contact: _____

Physical Address: _____

City/ State / Zip: _____

Mailing Address: _____

City/ State / Zip: _____

Phone: _____

Fax: _____

Contact Cell Phone: _____

Email: _____

Website (if any): _____

Type of Contractor/Work

Type of Work: _____

License #: _____

License Type: _____

Union (if applicable): _____

Travel restrictions: _____

What is the average size job you normally do? _____

What is the name of the largest job you have completed? _____

What is the value of the largest job you have completed? _____

When was it completed? _____

What is your approximately annual volume? _____

Other Company Information

Is your company: ___ Corporation ___ Partnership ___ Sole Proprietor

How long have you been in business? _____

How many employees does your company currently have? _____

Is a financial statement available on your company? _____

Was the financial statement prepared by a CPA? _____

Has your company or principals of your company ever filed bankruptcy (if so, when)? _____

Have any lawsuits been filed by or against your company or its principals in the past three years? _____

Company References

Company #1: _____
Company Type: _____
Contact: _____
Phone #: _____

Company #2: _____
Company Type: _____
Contact: _____
Phone #: _____

Company #3: _____
Company Type: _____
Contact: _____
Phone #: _____

**When completed, please return via Fax to (209) 333-1838 or
via Email to cmadill@chatfieldconstruction.com**