

Title

CPM Construction Planning & Management, Inc. 10053 N. Hague Road, Indianapolis, IN 46256 Ph: 317-842-8040, Fax: 317-842-5861

SUBCONTR	ACTOR QUEST	ΓΙΟΝΝΑΙRE	FOR:	(JOB NAME or GENERAL INFO)	
Prior to conside	eration this form must be o	completed and fax to	CPM along with your co	ompany's most recent <u>Financial Statement</u>	
Name: Contact Person: Address:			Phone# Fax# FedID# Years in Business		
Trades:			# of Emp	oloyees:	
1. MBE: YN	WBE:	_Y _N	DBE: _Y _	N	
2. What is your Current S	Sales Volume: \$		Average Contract S	ize: \$	
3 List three (3) compara	hle projects vour organ	ization has comple	ted in the last two (2)	years:(OR, If for General info; 3 most recent	.)
Project	Contract Amount	Scope of Work	Location of Work	Individual Contact name & Ph# & Fax # of General Contractor	
1.					
2.					
3.					
	ubcontractor:YN rith any labor unions: _ en debarred from any 0	_Contact:, Bonding Compar_YN Governmental Wo	rk:YN	Ph#:	
Supplier		Contact Name		Phone Number	
1. 2. 3					
subcontract (Available upo	n request)YN	d (EMR):		n familiar with most recent version of the	
By signing this, you are givin	g CPM Construction Plan	nning & Managemen	t, Inc permission to do a	credit report at CPM's expense.	
Company					
Signature		Date			