JACK BAYS INC.

SUBCONTRACTOR PREQUALIFICATION FORM

Fax: 703 893-6267

Company: _____

Address: _____

_____ State/Zip: _____

Phone: _____ Fax: _____ Web: _____

President: _____ Email: _____

Estimator: _____ Email: _____

Metro Business Areas: ☐ VIRGINIA ☐ MARYLAND ☐ DISTRICT OF COLUMBIA

Please List your Trade Areas: _____

_____

_____

_____

_____

_____

_____

_____

Current Clients we may Contact for References: _____

1. Company Name: _____

Contact Person: _____

Phone: _____

2. Company Name: _____

Contact Person: _____

Phone: _____

3. Company Name: _____

Contact Person: _____

Phone: _____

For Office use only