



CAMPBELL DEVELOPMENT

23026 N. 16th Lane
Suite #101
Phoenix, AZ 85027
Tel: (623) 434-8500
Fax: (623) 434-9020
Arizona License Number: 110161
California License Number: 744856

PRE-QUALIFICATION FORM

COMPANY INFO

COMPANYS LEGAL NAME: _____
ADDRESS: _____
OFFICE NUMBER: _____
FAX NUMBER: _____
CELL NUMBER: _____
CONTACT NAME: _____
EMAIL ADDRESS: _____

TYPE OF COMPANY: _____
I.E.: CORPORATION PARTNERSHIP SOLE PROPRIETOR

LICENSE NUMBER & STATE OF ISSUANCE: _____

DATE ESTABLISHED: _____

FEDERAL ID # OR S.S. # _____

BONDING COMPANY:
BONDING AGENT NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

INSURANCE COMPANY:
INSURANCE AGENT NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____

PROJECT INTERESTS

SCOPE(S): _____
PREFERRED PROJECT SIZE: _____
ESTIMATOR CONTACT NAME: _____
ESTIMATOR PHONE: _____

CURRENT NUMBER OF EMPLOYEES

OFFICE: _____ FIELD: _____

CURRENT NUMBER OF CREWS: _____ CREW SIZE: _____

ANNUAL DOLLAR VOLUME FOR PREVIOUS YEAR: _____

TRADE REFERENCES

BANK REFERENCE:

NAME OF CONTACT: _____

PHONE: _____

FAX: _____

SUPPLIER REFERENCES:

NAME: _____ ADDRESS: _____ PHONE/FAX: _____ ACCT# _____

GENERAL CONTRACTOR REFERENCES:

NAME/PHONE: _____ PROJECT: _____ VALUE: _____

JOB HISTORY:

LIST YOUR 4 LARGEST JOBS IN THE PAST 3 YEARS:

CONTRACTOR/PROJECT NAME: _____ CONTACT/PHONE: _____ VALUE: _____

I, _____, certify that all the above information is true and correct, and I hereby authorize; Campbell Development, to verify the accuracy of this information with the bank, suppliers, and general contractor(s) references listed above. I, _____, certify that I am an authorized signer for the above stated company.

SIGNATURE

TITLE

PRINT NAME