



CROSSROADS CONSTRUCTION COMPANY

P.O. Box 1109 ♦ Lakeland, FL 33802-1109 ♦ Phone: 863/644-6499 ♦ Fax: 863/644-5973

BIDDER QUALIFICATION FORM

Complete this form and return via fax to 863-644-5973.

Date: _____

Project Name: _____

Design Team: _____

Company Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

E-mail: _____

Contact Name: _____

Type of Work Performed: _____

Contractors License Number: _____

Years in Business: _____

Area of Business: _____

Insurance Agent: _____ Phone #: _____

Total Number of Employees: Office: _____ Field: _____

Total Number of Active Projects: _____

Total Volume of Active Projects: _____

General Contractor References: _____ Phone #: _____

_____ Phone #: _____

List Two Similar Projects Completed With Date of Completion: _____

List any projects completed with the Design Team: _____

I hereby certify to the best of my knowledge that the information above is true and correct.

Signed: _____ Date: _____

Typed: _____

Title: _____