



PLUMBING • HEATING • AC • DRAIN CLEANING

We Make Pipe Dreams A Reality!

VENDOR/SUBCONTRACTOR PROFILE FORM

COMPANY NAME: _____ **DATE:** _____

Office Address:

Service Contact (Name, Email, Phone Number):

Work Performed:

Professional Licenses Held:

Does someone outside your company perform your estimating? Y N If yes, please explain

Has your company had any OSHA, safety or environmental citations? Y N If yes, please explain

Has a complaint ever been filed with a licensing agency against your firm? Y N If yes, please explain

REFERENCES – Please provide three (3) active references (Name, Phone, Address):

I hereby certify that all statements accompanying and contained in the application are true and made for the purpose of providing services to Milltown Plumbing & Heating, Inc. I agree to the following terms:

The undersigned authorize any investigation needed for action on this application

1. Vendor will provide Milltown Plumbing & Heating Inc a certificate of Liability and Workers Compensation insurance naming Milltown Plumbing & Heating Inc as additionally insured
2. Vendor will provide a copy of their safety program
3. Vendor will provide a copy of their substance abuse policy
4. All invoices will be emailed to invoices@milltownplumbing.com

MILLTOWN

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Authorized By (Name): _____ Title: _____

Authorized By (Signature): _____ Date: _____