



VENDOR QUALIFICATION FORM

Company Name _____

Address _____

City/State/Zip _____

Primary Contact _____

Phone _____ Fax _____

Qty. of Offices _____ Qty. of Techs _____ Qty. of Trucks _____

Cities and/or States you work in: _____

Years in Business _____ Avg. years tech experience _____ License # _____

Available Services (check services offered)

- | | | |
|--|--|---|
| <input type="checkbox"/> Data Cabling | <input type="checkbox"/> Fiber Cabling | <input type="checkbox"/> Voice Cabling |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Wireless Systems | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Hardware Installs | <input type="checkbox"/> Software Installs | <input type="checkbox"/> Project Management |

Examples of hardware and/or software install projects: _____

Tools and Testers (check ones you own or have access to)

- | | | | |
|--|--|---|----------------------------------|
| <input type="checkbox"/> Cat 5 testers | <input type="checkbox"/> Fiber testers | <input type="checkbox"/> Digital Camera | <input type="checkbox"/> Buttset |
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Hand tools | <input type="checkbox"/> Power tools | <input type="checkbox"/> Toners |

Required Documentation (include with response)

1. Certificate of Insurance – include: Workman’s Comp, General Liability, Auto
2. References – Include customers, projects and any other pertinent information
3. Executed Worldlink Integration Partner Agreement
4. Rate sheet – Include; hourly, daily, minimums, etc.
5. Additional services if applicable

Return via fax to (949) 861-6197