



810 Tipton Street
Bossier City, LA 71111
(318) 747-3322
www.boggs poole.com

Subcontractor/Vendor Information Form

Company Information

Company Name:

Mailing Address:

City: State: Zip:

Phone: Website:

Owner/Officer Name & Title:

Fed Tax ID #: Contractor License #:

Corporation Partnership Sole Proprietary LLC

Contact Information

Estimating Contact Name: Title:

Phone: Email:

Other Contact Name: Title:

Phone: Email:

Other Contact Name: Title:

Phone: Email:

Company Size and Type

List Past 3 Years of Revenue 20__ : \$ 20__ : \$ 20__ : \$

Minority and Disadvantaged Affiliations SBE MBE WBE DBE VOSB OTHER
(submit proper documentation with this form)

Please list CSI codes an/or list the scopes of work your company is capable of performing and brief description:

Please submit this form, your certificate of insurance, W9, any other pertinent information to bids@boggs poole.com

Thank you for your interest in working with us!