



Installer Prequalification Form

Instructions: Please complete the following requested information. Any additional information you deem to be useful for evaluation of your capabilities may be included at the end of this document. Your completed pre-qualification form will be kept confidential and only utilized by Wetzel Flooring. Please contact us if you have any questions (513)793-2411

Name: _____ Years in Business: _____

Company Name: _____ Type of Firm: (circle one)

Address: _____ Individual Installer

Address: _____ Crew Leader with Team

City/State/Zip: _____ Crew Leader no current team

Other: _____

Please list three (3) clients that you have worked for in the last twelve (12) months that can be called upon as references:

Company Name: _____ Phone: _____ Contact: _____

Contract Amt: _____ Project: _____

Company Name: _____ Phone: _____ Contact: _____

Contract Amt: _____ Project: _____

Company Name: _____ Phone: _____ Contact: _____

Contract Amt: _____ Project: _____

Please list three (3) Suppliers that can be called upon as references:

Company Name: _____ Company Phone: _____ Contact: _____

Company Name: _____ Company Phone: _____ Contact: _____

Company Name: _____ Company Phone: _____ Contact: _____

Please select below each work category your business is qualified to perform:

- Carpet (Broadloom) Carpet (Tiles) Tile & Marble Ceramic Tile
- Wood Flooring Resilient Floors, Base Electric Plumbing
- Drywall Painting Concrete Finishing
- Other: _____

Do you have a driver's license Yes No

Do you own your own work vehicle? Yes No



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Does your current insurance policy provide the following:

- a.) Liability Coverage Yes No
- b.) Property Coverage Yes No
- c.) Auto Coverage Yes No
- d.) Worker's Comp. Yes No
- e.) Do you have a taxpayer identification number (W-9)? Yes No

Any additional information or qualifications please include here:

I, _____ do hereby state that the above information is true and correct to the best of my knowledge
(Installer/Applicant Name)

Signature _____ Print Name _____ Date _____

Please sign and scan back with additional paperwork to wetzelflooring@wetzelflooring.com or mail to our office at: 6407 Warrick St Cincinnati, OH 45227 Please call (513)793-2411 if you have any questions.