

WORLDLINK

INTEGRATION GROUP

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)

Data Cabling Fiber Cabling Voice Cabling
 Electrical Wireless Systems Networking
 Hardware Installs Software Installs Project Management

Examples of hardware and/or software install projects: _____

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

Cat 5 testers Fiber testers Digital Camera Buttset
 Ladders Hand tools Power tools 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