

PLEASE FILL OUT AND RETURN TO:
Email - Vendor@HorizonRetail.com or Fax – (262)-865-6013

!PLEASE FILL OUT THE FORM COMPLETE TO BE ADDED TO OUR DATABASE!

* **Company Name:** _____

* **Address:** _____

* **City, State Zip:** _____

* **Main Phone:** _____

* **Main Fax:** _____

Primary Email: _____

* **Labor Type (check one):** **Union** **Non - Union** **Have/Willing to work at Airports?** **Yes** **No**

List Aiports Previously Worked At: _____

Specific Travel Area Codes _____

Where You Will Perform Work _____

TRAVEL NATIONALLY? **Yes** **No**

Classification? **DBE - DISADVANTAGED OWNED** **VBE - VETERAN OWNED** **SBE - SMALL BUSINESS OWNED**
 CHECK ALL THAT APPLY **MBE - MINORITY OWNED** **WBE - WOMEN OWNED**

List of Licenses	STATES/MUNICIPALITY	LICENSE #'S
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place an "X" Next To Each Scope of Work Your Company Performs.

<input type="checkbox"/>	01070	Cleanup	<input type="checkbox"/>	07240	EIFS/Stucco	<input type="checkbox"/>	10100	Window Blinds
<input type="checkbox"/>	01520	Equipment Rental	<input type="checkbox"/>	07500	Roofing	<input type="checkbox"/>	10440	Signs
<input type="checkbox"/>	01540	Security - Police	<input type="checkbox"/>	07600	Flashing & Sheet Metal	<input type="checkbox"/>	10700	Awnings
<input type="checkbox"/>	02020	Dumpster Service	<input type="checkbox"/>	08100	Hollow Metal Doors & Frames	<input type="checkbox"/>	10800	Toilet & RR Accessories
<input type="checkbox"/>	02030	Surveying	<input type="checkbox"/>	08300	Automatic Entry Doors	<input type="checkbox"/>	12300	Millwork Items
<input type="checkbox"/>	02070	Exterminating/Pest Control	<input type="checkbox"/>	08330	Coiling Doors & Grilles	<input type="checkbox"/>	14100	Elevators
<input type="checkbox"/>	02100	Excavation	<input type="checkbox"/>	08400	Glass & Glazing	<input type="checkbox"/>	14400	Dock Equipment
<input type="checkbox"/>	02120	Environmental/Hazardous Waste	<input type="checkbox"/>	08715	Locksmiths	<input type="checkbox"/>	14800	Scaffolding
<input type="checkbox"/>	02300	Landscaping	<input type="checkbox"/>	08870	Window Film	<input type="checkbox"/>	15400	Plumbing
<input type="checkbox"/>	02410	Demolition	<input type="checkbox"/>	09260	Metal Stud & Drywall	<input type="checkbox"/>	15500	Fire Sprinkler Systems
<input type="checkbox"/>	02600	Asphalt Paving & Surfacing	<input type="checkbox"/>	09280	Barricade	<input type="checkbox"/>	15650	Refrigeration
<input type="checkbox"/>	02630	Asphalt Seal Coating/Striping	<input type="checkbox"/>	09300	Tile Work	<input type="checkbox"/>	15800	HVAC
<input type="checkbox"/>	03300	Concrete (Cast in Place)	<input type="checkbox"/>	09510	Acoustical Treatment	<input type="checkbox"/>	15950	Testing & Balancing
<input type="checkbox"/>	03320	Concrete (Sawcut/Coring)	<input type="checkbox"/>	09640	Wood Flooring	<input type="checkbox"/>	16100	Electrical
<input type="checkbox"/>	03350	Concrete (Staining/Scoring)	<input type="checkbox"/>	09641	Sprayed Fireproofing	<input type="checkbox"/>	16400	Low Voltage Wiring
<input type="checkbox"/>	03710	Concrete Cng/Bead Blstg/Grnd	<input type="checkbox"/>	09650	Resilient Floors	<input type="checkbox"/>	16500	Lighting Fixtures
<input type="checkbox"/>	04200	Masonry	<input type="checkbox"/>	09660	Terrazzo Tile	<input type="checkbox"/>	16721	Fire Alarm Systems
<input type="checkbox"/>	05120	Structural Steel/Welding	<input type="checkbox"/>	09680	Carpeting			
<input type="checkbox"/>	05700	Architectural Metals/Railing	<input type="checkbox"/>	09700	Epoxy Flooring/Coatings			OTHER:
<input type="checkbox"/>	06200	Carpentry Labor	<input type="checkbox"/>	09720	Wallcovering			
<input type="checkbox"/>	06210	Carpentry/Materials	<input type="checkbox"/>	09900	Paint			

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Individual Contact Information

Contact Name: _____

Role/Position (*check all that apply*):

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Project Manager |
| <input type="checkbox"/> Estimator | <input type="checkbox"/> Service |
- Other: _____

Direct Phone (w/extension): _____

Direct Fax: _____

Cell Phone: _____

Contact Email: _____

Contact Name: _____

Role/Position (*check all that apply*):

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Owner |
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