



## Vendor Qualification Procedures

Thank you for your interest in Talisen Construction Corp. Matching your competencies with the right opportunities is vital to the success of delivering projects that satisfy our clients. In an effort to better match your expertise we would like to know a bit about your company.

In the following pages please find our qualification form. Please take a moment to fill out this form to the best of your ability. Pay special attention to the last section where you can fill out any information that you feel can help Talisen understand how you differentiate yourself in the marketplace.

In addition, we encourage you to download other Talisen Construction Corp documents as referenced in the qualification form. Once filled out you can email, fax or mail the completed forms to;

Talisen Construction Corp  
213 West 35<sup>th</sup> St Ste 806  
New York, NY 10001

Email to : [info@talisencorp.com](mailto:info@talisencorp.com)

Fax to : 212 244-4145

Should you have any questions or would like to come in for an appointment please call our main number at 212 244-4581.

Thanks again for your interest in Talisen Construction Corp. We look forward to meeting you and the possibility of conducting business together.

Sincerely,

Talisen Management Team



**VENDOR QUALIFICATION FORM**

**COMPANY INFORMATION**

Company Name : \_\_\_\_\_ Main Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

Date of Incorporation: _____ Number of Employees: _____ Check All that Apply: <input type="checkbox"/> Union <input type="checkbox"/> Open Shop <input type="checkbox"/> Supplier / Vendor	<b>State Vendor Certification:</b> _____ <i>(if yes, please attach)</i> <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Veterans <input type="checkbox"/> Small Business <input type="checkbox"/> Women <input type="checkbox"/> Minority <input type="checkbox"/> None
---	---

<b>Geographic areas company does business:</b> <i>(County &amp; State)</i> _____ _____ _____	<b>Annual Sales Volume:</b> 2008 = _____ 2009 = _____
---	---

**Trades, Product or Service** *( download "cost-code listings" form "costcode 1.2")*

	Cost Code	Description
Primary:	_____	_____
Secondary:	_____	_____
	_____	_____

**Does your company have LEED project experience?**    YES    NO   *(if yes please list job name and Client contact)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Key Contact Information**

Principal, President or CEO: _____	Phone: _____	Email: _____
Chief Estimator: _____	Phone: _____	Email: _____
Lead Field Supervisor: _____	Phone: _____	Email: _____

**PROJECT REFERENCES:** *(List 2 most recent projects)*

Project Name: _____ Client or GC name: _____ Work Performed: _____ Contract amount: _____ Date of Completion: _____ Contact Name: _____ Phone: _____ Email: _____ Fax#: _____	Project Name : _____ Client or GC name: _____ Work Performed: _____ Contract amount: _____ Date of Completion: _____ Contact Name: _____ Phone: _____ Email: _____ Fax #: _____
---	---

