



Please complete and return this form to: vendors@metrodoor.com . Upon reviewing your subm we will contact you and forward the additional documents and paperwork required to become a v partner. Thank you for your interest in Metro Service Solutions.

POTENTIAL VENDOR SIGN-UP FORM

Company Name: _____
(as it appears on your invoice)

Name and Title: _____

Contact Name: _____
(if different from above)

Billing Address: _____

City, State, Zip _____

Shipping Address: _____
(if different then above)

Phone #: _____

Fax #: _____

Email: _____

Cell #: _____

Please note all services MUST be self performed and CANNOT be subcontracted. If you check off a trade than you are certifying that you can perform all functions of the trade and you are able to obtain parts if necessaary.

Please check all that apply:

- | | | | |
|------------------------------|-------|--------------------------|-------|
| APPL - Appliance | _____ | LOC - Locksmithing | _____ |
| AUTO - Automatic Doors | _____ | MASN - Masonry | _____ |
| BDUP - Boardups | _____ | PAV - Paving | _____ |
| CPTY - Carpentry | _____ | PEST - Pest Control | _____ |
| DOCK - Dock Levelers | _____ | PLUM - Plumbing | _____ |
| DOR - Door (storefront) | _____ | PNTR - Painter | _____ |
| ELEC - Electrical | _____ | PWR - Powerwashing | _____ |
| FIRE - Fire extinguisher | _____ | REP - Gate/Rolling Doors | _____ |
| FLOR - Flooring | _____ | ROOF - Roofing | _____ |
| FNC - Fence repairs | _____ | RSTR - Restoration | _____ |
| GCON - General contracting | _____ | SAFE - Safe | _____ |
| GLA - Glass | _____ | SEC - Sectional Door | _____ |
| GRSE - Grease Traps | _____ | SEWR - Sewer/Drainage | _____ |
| HERC - Herculite Doors | _____ | SIGN - Sign | _____ |
| (Must be able to drop doors) | _____ | TINT - Window Film/Tint | _____ |
| HMD - Hollow metal Doors | _____ | WELD - Welding | _____ |
| HNDY - Handyman | _____ | OTHER - Please specify | _____ |
| HVAC - Heating / AC | _____ | | |

Other Services Provided: _____

RATES:

Normal Service Hours

Straight time

Minimum Charge: _____
Trip Charge: _____
Hourly Rate: _____
Helper Hourly Rate: _____

Before / After Normal Service Hours

Overtime:

Minimum Charge: _____
Trip Charge: _____
Hourly Rate: _____
Helper Hourly Rate: _____

Holiday Rates:

Minimum Charge: _____
Trip Charge: _____
Hourly Rate: _____
Helper Hourly Rate: _____

SERVICE AREA: (Please list all counties serviced in full. If you do not service an entire county than list only the cities within those counties. Please DO NOT list a county and then all cities in the county.

State / Counties: _____

State / Cities: _____

TELL US ABOUT YOUR COMPANY:

Years in business: _____
of trucks: _____
of employees: _____

Airport Clearance: _____
Electrical License: _____
Plumbing License: _____

COMMENTS:

REFERENCES:

Business Name:	Contact Name:	Phone #:
_____	_____	_____
_____	_____	_____

For Office Use Only: New Vendor # _____