

COMPANY INFORMATION SHEET

Company Name: _____

Physical Address

Mailing Address

Trades: _____

Web Address: _____

License Number: _____ Expiration Date: _____

(Please send copy of current license)

Desired Work Region: Northern CA Central CA Southern CA
 All CA Other: _____

Key Personnel

Title

Email Address

1. _____
2. _____
3. _____
4. _____

Phone Numbers:

Office Number: _____ Fax Number: _____

Mobil Number(s): _____ Name: _____

Emergency Number(s): _____ Name: _____

Are you: Individual/Sole Proprietor Corporation Partnership
 Other: _____

Federal Tax I.D. Number: _____

Social Security Number (If no tax I.D. number): _____

Person responsible for receiving correspondence:

Name: _____ Title: _____ Email: _____

Please include any information that you feel will be of assistance to us. Thank you, we appreciate your time!

I declare the above information is true and correct.

Signature _____ Date _____

Please email completed form and copy of license to: Levica@LevicaBuilders.com