

Supplier Questionnaire



SUPPLIER DATA SHEET (Please Print or Type) Date: _____										
Legal Company Name				Toll Free Telephone #						
Mailing Address:				Local Telephone #						
				Alternate Telephone #						
City			State		Zip		Fax #			
Shipping Address:				Emergency Pager #						
				Emergency Telephone #						
City			State		Zip		Email Address:			
Branch	Address :						Website Address:			
	City		State			Zip	Telephone			
Branch	Address									
	City		State			Zip		Telephone		
Parent Company	Address									
	City		State			Zip		Telephone		
Business Owner (s)					Ownership %		Home #			
Business Owner (s)					Ownership %		Home #			
Business Owner (s)					Ownership %		Home #			
Business Owner (s)					Ownership %		Home #			
Fill Boxes Applicable to Your Operation			Manufacturing %		Maintenance %		Outdoor Advertising %			
			Installation %		Elec. Cont. %		General Contractor %			
Survey/Permits %		Interiors %			Bank/ATMs %		Other %			
Hours Monday-Friday		From : AM		To : PM						
How many years has your company been in business?										
Sales volume for your most recent year:				\$		Year				
How many regular employees do you have?							Labor			
Union Associations		Yes	NO	Which ones?			Union Contract Expiration Date			
List State/Local Licenses, with License Number, Required for Sign Installation										
What is your local city occupational business license number?										

February 21, 2022

2160 Lakeside Centre Way Suite 105
 Knoxville TN 37922 USA
 T +1 865 692 4058 F +1 865 692 4104

Part of the Principle Group of Companies
 Principle USA Inc. - a Principle Global Ltd Company
 Registered Office & Accounts: 2160 Lakeside Centre Way Suite 105 Knoxville, TN 37922 USA

Supplier Questionnaire



Do you employ a state licensed engineer?	Yes	No	Name		License Expires	
Do you employ a certified welder?	Yes	No	Name		License Expires	
Do you employ a state licensed electrician?	Yes	No	Name		License Expires	

SUPPLIER DATA SHEET		(Continued)	
Who will be our contact person?		Cell #	
Service Manager		Cell #	
Plant / Shop Manager		Cell #	
Invoice/Bookkeeping Manager			
Permit Secular Contact		Employee	Broker
Describe your normal geographic area in which mileage charges are not assessed:		<small>(Please attach a service map if you would like)</small>	
Physical Plant Area	Sq. Ft.	Inside Storage	Sq. Ft.
No. of signs to install	Crews	No. aerial service trucks?	Crews
Do you do interior work?	Yes	No	No. of interior installation crews?
Do you have equipment to communicate with your crews?	Yes	No	Describe
Are your service vehicles fully equipped with lamps, ballasts, transformers, and necessary hardware/materials for installations?	Yes	No	
What is your current warranty for material?	Years		
What is your current warranty for labor?	Years		
What is your service call response time?			
Do you work for any national or regional sign companies?	Yes	No	List
Companies			
	What volume of your business is forwarding work? Volume %		
What national accounts do you service for the forwarding companies?			
What service do you most often do for the forwarding companies?	Installation	Service	Other

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Do you hold any national service, installation, or maintenance agreements?		Yes	No
# OSHA Violations in the past five years		Past year	Explain the details on a separate sheet of paper
Please provide several customer references who are familiar with your work			
Company	City and State	Telephone #	Contact

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SUPPLIER DATA SHEET (Optional – complete if interested in manufacturing or repairs)			
Plastic Forming		Up To	Size
	Polycarbonate		
	Acrylic		
	Uvex		
	Other		
Screening			
Steel & Sheet Metal Fabrication			
Brakes, Shears, Welding			
Aluminum Fabrication and welding			
Channel Letters	Pop Rivets	Staples	Aluminum
	Steel	Channel Lume	Other
Neon Shop	Rate per Unit	\$	
Neon Sub-Contract	Replacement Time (days)		

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Flex Faces	Heat Transfer	Screen Printed	SprayPainted
	Vinyl Transfer	Other	
Awnings and Canopies			
Computerized Vinyl Sign Equipment			
Columns			
Sandblasting & Carving			
Banners	In House	Sub-Contract	
Comments:			

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SUPPLIER DATA SHEET		INSTALLER RATES	
Boom & Service Trucks (Non-signs companies should adapt this form or supply your own ratesheet)			
Year	Make	Boom Height	Standard Rate
		Ft	\$ Hr
		Ft	\$ Hr
		Ft	\$ Hr
		Ft	\$ Hr
		Ft	\$ Hr
		Ft	\$ Hr
		Ft	\$ Hr

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Principle 2-man crane rate	ANY VENDOR OWNED CRANE TRUCK, 2-MEN	\$ Hr
Principle 1-man crane rate	ANY VENDOR OWNED CRANE TRUCK, 1-MEN	\$ Hr
Principle 1-man service rate	ANY VENDOR OWNED SERVICE TRUCK, 1-MEN	\$ Hr
Helper	AS AN EXTRA CREWMAN	\$ Hr
Concrete (includes all mark-up)	UP TO 3 YARDS (MINIMUM)	\$ Yd
	IN EXCESS OF 3 YARDS (MINIMUM)	\$ Yd
Backhoe & Dump	4 HOUR MINIMUM (INCLUDES ALL MARK-UPS)	\$ Hr
Hole Auger and Haul Away		\$ Hr
Rebar	(INCLUDING ALL MARK-UPS)	\$ Lb
Staff Time	FOR SURVEYS AND PERMIT PROCUREMENT	\$ Hr
Neon	REPAIRS (BASIC)	\$ Ea
Other Material or Sub- Contracting	Cost +	%

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