



Company Name _____ Contact Name _____

City & State _____

Phone Number _____

Fax Number _____

E-mail Address _____

Website _____

How many years in business _____ Number of Employees: Office ____ Shop ____
Insurance Coverage: Yes _____ No _____

SERVICE EQUIPEMENT & RATES

Install Trucks:

Qty.	Size	Type	Men #	Rate
_____	_____	INS/SER	_____	_____
_____	_____	INS/SER	_____	_____
_____	_____	INS/SER	_____	_____
_____	_____	INS/SER	_____	_____

IMPORTANT INFORMATION REGARDING YOUR COMPANY SERVICES

Number of installation crews: _____

Number of Master Electricians: _____

Communication Capabilities: Radios: _____ Pagers: _____ Cell Phones: _____

Can crew be contacted on the jobsite? Yes _____ No _____

Are you a "Union Shop"? Yes _____ No _____

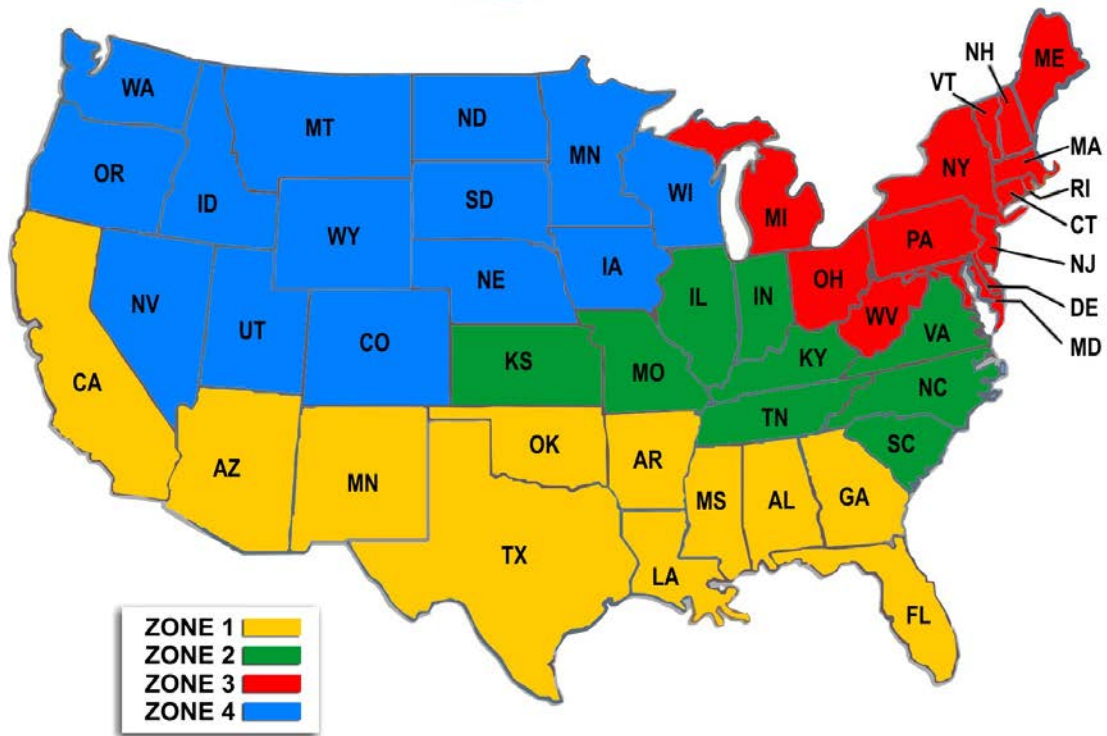
Do you employ a person to apply for sign permits? Yes _____ No _____

Name: _____

Does your company have a drug-screening program? Yes _____ No _____

Does your company have a safety program? Yes _____ No _____





CONTACT: NIKKI VALENCIA
Marketing
nvalencia@southwestsigns.com

www.southwestsigns.com

Inquires: info@southwestsigns.com

Fax to: Nikki Valencia @ (210) 648-4709

