



Bidder Information Form

SPAUGLASS ESTIMATING CONTACT INFORMATION

Austin 512-719-5251 ATX.Estimating@SpawGlass.com	Brazos Valley 979-401-3270 BV.Estimating@SpawGlass.com	Civil 281-970-5300 Civil.Estimating@SpawGlass.com
Corpus Christi 361-356-1927 CC.Estimating@SpawGlass.com	Golden Triangle 409-681-4547 GT.Estimating@SpawGlass.com	Houston 281-970-5300 HTX.Estimating@SpawGlass.com
North Texas 817-288-0890 NTX.Estimating@SpawGlass.com	San Antonio 210-651-9000 SA.Estimating@SpawGlass.com	South Texas 956-412-9880 STX.Estimating@SpawGlass.com

COMPANY INFORMATION

Company Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact:	Phone #:	Fax #:
Email Address:		
Estimating Contact:	Phone #:	Fax #:
Email Address:		
What scope of work does your company perform or what materials does your company supply?		
Is your company bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Operation: <input type="checkbox"/> Austin <input type="checkbox"/> Brazos Valley <input type="checkbox"/> Corpus Christi <input type="checkbox"/> Golden Triangle <input type="checkbox"/> Houston <input type="checkbox"/> North Texas <input type="checkbox"/> San Antonio <input type="checkbox"/> South Texas		
Project Types: <input type="checkbox"/> Commercial <input type="checkbox"/> Civil <input type="checkbox"/> Healthcare <input type="checkbox"/> Municipal <input type="checkbox"/> Education <input type="checkbox"/> Retail <input type="checkbox"/> Aviation <input type="checkbox"/> Tenant Finish-Out/Improvements <input type="checkbox"/> Wood Frame <input type="checkbox"/> U.S. Army Corps of Engineers <input type="checkbox"/> Design-Assist		

MINORITY CERTIFICATIONS

Is your company a certified minority contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please check and list certification numbers and agencies to any that apply:		
<input type="checkbox"/> MBE	Certification #:	Agency:
<input type="checkbox"/> WBE	Certification #:	Agency:
<input type="checkbox"/> DBE	Certification #:	Agency:
<input type="checkbox"/> HUB	Certification #:	Agency:
<input type="checkbox"/> SBE	Certification #:	Agency:
<input type="checkbox"/> HUB	Certification #:	Agency:

AUTHORIZATION

I, _____, a representative of _____, hereby certify that all information provided in this document is true and correct to the best of my knowledge.

Signature: _____ Printed Name: _____
 Title: _____ Date: _____

<i>This Section to be Completed by SpawGlass:</i> CSI Division(s) _____	Enter in iSqFt? <input type="checkbox"/> Yes <input type="checkbox"/> No
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