

PLAYER, INC.
P.O. Drawer 27, Fayetteville, NC 28302
(910) 868-2121 Fax: (910) 868-2126
player@playerinc.net

SUBCONTRACTOR/SUPPLIER APPLICATION

To Player, Inc.: For consideration as a subcontractor or material supplier, the undersigned hereby provides the following information, knowing that Player, Inc. desires to make subcontractor selection in a businesslike manner to obtain quality workmanship performed expeditiously.

Date: _____

Company: _____

Address: _____

Telephone #: (office) _____ (home) _____ (fax) _____

Mobile #: _____ Emergency Phone #: _____

Email: _____ Web Address: _____

Type of Business: _____ Tax I.D. #: _____

Is your firm a corporation, partnership, or a proprietorship? _____

Is your firm a registered Minority Business Enterprise or WBE? (furnish certificate) _____

Do you have worker's compensation insurance? _____

Do you have general liability insurance? _____

Please have your insurance agent furnish worker's compensation and general liability Certificate of Insurance to Player, Inc. so that we may further consider you.

Please list all projects within the last 2 years, with names of Owner, General Contractor, Architect and any pertinent data that you have. Begin with most current and list in reverse order. Provide addresses and telephone numbers if known. (Use separate sheet if necessary).

_____	_____
_____	_____
_____	_____
_____	_____

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How long has your company been in business? _____

List all customers in the area that you have worked for, not already listed above.

Please list credit references: (Include addresses/phone #'s)

Do you have any outstanding liens or judgments against you? yes ____ no ____: If yes, please explain.

Please list all equipment owned: _____

Is an audited financial statement available for the past three years? _____

Name of bank that handles your accounts _____

Contact at bank _____

Name of Surety (Bonding Company) _____

Contact at company _____ Phone # _____

What is your bond rate? _____

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Please list names and addresses of Architects or Engineers that you have worked for in the past 2 years (not already listed).

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Please list general contractors you have worked for in the last two years that are not mentioned above.

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List payment terms necessary for you.

CERTIFICATION: To the best of my knowledge, the information provided in this application is true, correct and complete. I authorize investigation of all statements contained in this application including reference checks with persons and firms listed above as to our business capability and quality of our work. I further understand that Player, Inc., based on business judgment, may or may not issue or enter into a written contract at this time or in the near future.

NAME _____
(Please print or type)

SIGNATURE _____
(SEAL)

TITLE _____