

Installation Technology



Contractor Questionnaire

Installation Technology
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Installation Technology is one of the leading technical solution providers in the UK. It has been our vision since 1985, when the company was founded, to develop lasting and successful relationships. We have achieved its aim; some of our customers have been with us for over twenty years.

Our impressive portfolio of customers and partnerships with leading manufacturers, suppliers, contractors and consultants means we can be trusted to deliver complete technical solutions, large or small.

We provide end-to-end services using our solution lifecycle paradigm, encompassing engagement and review, audit, design, consultancy, technical evaluation, engineering, implementation, project assurance and management, security, and support services to customers across multiple industries.

We thank you in advance for completing this form which we ask all contractors to complete.



Your Contracting Company Details

1. Please provide the name of your contracting company including any Parent or Subsidiary

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2. Please provide the address of your contracting company including post code.

Registered Office	Ordering Office (if different)	Payment Address (if different)

3. Please provide your telephone, fax number, email and web site address

Phone:	Email:
Mobile:	Web Site:

4. Please state the nature of your business and your main products / services

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5. Please provide your company registration number, years in business and VAT number.

Company Reg No.	Years in Business	VAT Number



6. What is the legal status of your contracting company?

Public Ltd Company	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Private Company	<input type="checkbox"/>
Not for Profit Organisation	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>

7a. Company Turnover in £ or local currency _____

7b. Installation Technology business as a % of 7a if known _____

8. Please provide copies of your:

- Audited / Certified Management Account for the previous year
- Valid Insurance Certificates
- Business Insurance (If you use personal vehicle for work)

On behalf of the Consultancy by _____

(Authorised Signature) _____

Position: _____ Date: _____