



Company Name: _____

Company Address _____

City, State, Zip _____

Company Phone _____

Federal ID Number _____

Year Bus. Started _____

Website _____

Main Contact _____

Main Contact Title _____

Main Contact # _____

Main Contact email _____

Designated Contract Signor _____

Beam Team Referral _____

Have you worked with BTI before? _____

Please Explain _____

* Payment Terms are Net 30 Days Unless Otherwise Approved by Finance. _____

If shorter terms are required, please contact VendorCoordinator@TheBeamTeam.com to request initiation of approval process.

*A Final Lien Waiver is Required for All Final Payments Made to Contractor. In most cases a Conditional Lien Waiver Will be Required to Accommodate All Payment Requests. _____

We now have two options for submitting your Lien Waivers ...

1. Copy of Lien Waiver needs to be emailed and originals mailed to **The Beam Team, Attn: Account Specialist, 1350 Bluegrass Lake Parkway, Alpharetta, GA 30004.**
2. We can submit the Lien Waivers on your behalf but will need for you to complete our Power Of Attorney document. This will make the process of officially closing out the project much smoother and time saving for your company as well. Please know that POA will only be used after payment has been issued and feel free to contact us for any questions that may arise about this new option.



Please record any General Contractor or Professional License(s) you hold- if you do not have enough room please attach a list.

State	Description	License Number	Exp Date

Do you provide Union Labor? _____

Has your company failed to complete a project in the last 3 years? If so explain circumstance.

Has your company had any OSHA citations, fines, or jobsite fatalities within the most recent 3 years?

If yes, please attach a detailed description of the incident (include – location, date, type or inspection, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent a recurrence.)

Do you perform criminal background screens to ensure new employees do not have a criminal history trend related to theft and/or violence? _____

Are you a drug free workplace that performs drug screening on new employees, random drug screens, and/or drug screens on employees with reasonable suspicion of drug use? _____

Please list percentages of work self performed vs subcontracted. _____



Please list the PRIMARY categories of work your firm performs

Please check every state you have a business license in and you will do work.

<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI
<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI
<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV
<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> PR	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX
<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY				

Provide Two references below. Each reference should be from a different general contractor. These references should be for work completed in the last five years and should be representative of the work you are trying to prequalify for now. **One must be for your largest project within the last two years.** NOTE: The contact provided must have *direct* knowledge of your performance on that project. Leaving out any requested contact information including email address will delay processing of your form.

Project Name	General Contractor	Subcontract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Name	Contact Email	Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Name	General Contractor	Subcontract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Name	Contact Email	Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>



*****It is required that you purchase and maintain insurance coverage meeting our requirements per the attached sample certificate of insurance. You must have a minimum of \$1,000,000 General Liability and \$500,000 each Auto and Workers Comp. Please provide a certificate of insurance verifying that the required coverage's and limits are in place for the current policy period.*** _____**

General Liability Carrier	<input type="text"/>	Effective	<input type="text"/>	Expiration	<input type="text"/>
Limit	<input type="text"/>	Broker/Agent	<input type="text"/>	Phone	<input type="text"/>

Are you bonded? _____

Please attach any additional information to help us determine your company's qualifications and expertise.

By signing this form, I certify that the information provided therein is accurate, correct, and true.

Name	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Phone	<input type="text"/>
Title	<input type="text"/>	Prepared By	<input type="text"/>

POWER OF ATTORNEY:
Lien Waivers

STATE OF _____
COUNTY OF _____

I, [NAME], [TITLE] of [FULL ENTITY NAME] (the “Company”), with offices located at [ADDRESS], being over eighteen (18) years of age do on behalf of the Company hereby appoint Beam Team, Inc., with an address of 1350 Bluegrass Lakes Parkway, in Alpharetta, GA 30004, and any of its affiliates, each of which may act alone with full authority hereunder, and each of their respective representatives (collectively “Beam Team”) as the Company’s true and lawful attorney-in-fact, to act in my place and stead on behalf of the Company and for my use and benefit in any and every manner whatsoever, in connection with any and all projects in which the Company performs services for any Beam Team affiliate.

In furtherance thereof, the Company does hereby grant unto said attorney-in-fact full power and authority:

- A. to execute and deliver any individual lien waiver document stating a value of Twenty-Five Thousand Dollars (\$25,000.00) or less per document;
- B. to execute and deliver any and all other documents and to do or perform any and all other acts reasonably necessary and proper to exercise the foregoing powers.

This Power of Attorney shall be effective as to all persons with whom said attorney-in-fact may deal and all acts taken by said attorney-in-fact shall be fully binding on the Company as if the same had been personally accomplished by me as an officer of the Company. I hereby ratify and confirm all that said attorney-in-fact may lawfully do or cause to be done by virtue hereof. This grant of authority shall be binding on me, and on my heirs, legal and personal representatives, and assigns, whether the same shall have been done before or after my death or other revocation of this instrument, unless and until actual notice thereof shall have been received by my said attorney-in-fact. This grant of authority shall continue to be binding on the Company, regardless of my removal as an officer of the company or any other event, until it is revoked by an officer of the Company in writing.

This Power of Attorney shall remain in effect for two (2) years unless earlier terminated by the Company by providing written notice to Beam Team. Unless any person has notice of the revocation of this power of attorney, any person relying on these presents shall presume that such power continues to be in full force and effect.

Any banks, trust companies, savings and loan associations, fiduciaries, depositories, title insurance companies or other institutions, persons, firms, or corporations may act in reliance hereon.

The aforementioned powers shall not preclude Company from pursuing any claim, at law or in equity, against Beam Team, related to any dispute regarding a project or disputed funds. However, the Company waives the right to assert any claim against Beam Team relating to its exercise of the foregoing powers within its reasonable business judgment. Company will indemnify and hold harmless Beam Team from and against any and all claims or expenses of every kind, including

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attorney's fees, arising out of such exercise by Beam Team.

IN WITNESS WHEREFORE, I have executed this Power of Attorney consisting of 2 pages this ____ day of _____, 20__.

Signature: _____

Printed name: _____

Title: _____

WITNESSES

I, the undersigned witness, declare under penalty of perjury that the individual who signed this Power of Attorney above is personally known to me, that he or she signed and acknowledged this power of attorney in my presence, that he or she appears to be of sound mind and under no duress or undue influence, that I am not among the persons appointed as attorney-in-fact by this document.

Witness #1:

Witness #2:

Signature

Signature

Printed name

Printed name

NOTARY

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged by me this ____ day of _____, 20__ by: _____, who is/are personally known by me or who has/have produced _____ as identification and who did not take an oath.

NOTARY SEAL

Notary Public
State of _____

My Commission Expires:
