



**IDEAL INTERIORS**  
450 Seventh Avenue, Suite 1605  
New York, NY 10123

**CONTRACTOR PRE-QUALIFICATION FORM**

FIRM NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

DESCRIBE TYPE OF WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
UNION \_\_\_\_\_ NON-UNION \_\_\_\_\_ UNION LOCAL \_\_\_\_\_

CIRCLE IF FIRM HOLDS CERTIFICATION :                    **MBE**                    **WBE**                    **DBE**  
FIRMS ADDITIONAL CERTIFICATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURANCE  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_  
POLICY NO. \_\_\_\_\_ EXP.DATE: \_\_\_\_\_



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**PROJECT REFERENCES**

1	CLIENT/PROJECT	CONTACT	PHONE	DOLLAR VALUE
PROJECT DESCRIPTION; _____				
_____				

2	CLIENT/PROJECT	CONTACT	PHONE	DOLLAR VALUE
PROJECT DESCRIPTION; _____				
_____				

3	CLIENT/PROJECT	CONTACT	PHONE	DOLLAR VALUE
PROJECT DESCRIPTION; _____				
_____				

PLEASE COMPLETE FORM COMPLETELY AND EMAIL TO OUR OFFICE  
 ATT: **Shelly Samuel**  
[ssamuel@ideal-interiors.com](mailto:ssamuel@ideal-interiors.com)

**OFFICE USE ONLY**

REFERENCE BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_  
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BY: \_\_\_\_\_