

### General and Contact Info

Repair Firm Name: \_\_\_\_\_  
# of Employees \_\_\_\_\_ DBA (if applicable) \_\_\_\_\_  
Main Phone # \_\_\_\_\_ Alt phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Dedicated admin contact name (if applicable) \_\_\_\_\_  
Email \_\_\_\_\_ Direct Line \_\_\_\_\_

### Social Media Platforms

Website \_\_\_\_\_  
Facebook \_\_\_\_\_ Instagram \_\_\_\_\_  
Other \_\_\_\_\_

### Coverage area

Extended Radius (mileage) _____	Comments _____
Zip Code Radius (mileage) _____	Comments _____
Photo Repair Radius (mileage) _____	Comments _____
Areas you will NOT go? _____	Please specify _____

### Additional Comments

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# Services Provided

Please check only the services you provide (self) and only what you send out (sub) to a firm you have an established relationship with.

Leave blank any that you would not handle by yourself or by an established sub.

	SELF	SUB
Build cabinet boxes, use existing face frame, doors/drawers	<input type="checkbox"/>	<input type="checkbox"/>
Repair doors, drawers (gluing, mechanisms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Duplicate/ make doors, drawers/moldings, face frames	<input type="checkbox"/>	<input type="checkbox"/>
Refinishing doors/drawers	<input type="checkbox"/>	<input type="checkbox"/>
Matching wood stain and sheen in uniform appearance	<input type="checkbox"/>	<input type="checkbox"/>
Replace/Restore hardware	<input type="checkbox"/>	<input type="checkbox"/>
Removal and Installation of cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Remove & Reinstall existing laminate countertops	<input type="checkbox"/>	<input type="checkbox"/>
Fabricate laminate countertops	<input type="checkbox"/>	<input type="checkbox"/>
Remove & Reinstall existing granite/solid countertops	<input type="checkbox"/>	<input type="checkbox"/>
Support countertops	<input type="checkbox"/>	<input type="checkbox"/>
Electrical: disconnect and reconnect	<input type="checkbox"/>	<input type="checkbox"/>

	SELF	SUB
Plumbing; disconnect and reconnect	<input type="checkbox"/>	<input type="checkbox"/>

  

	YES	NO
Cleaning (Ozone)	<input type="checkbox"/>	<input type="checkbox"/>
In-house fabrication of doors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a CNC machine in house?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold a contractor license?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what state(s)?	_____	
	_____	
License/Registration #	_____	