



Quality Solutions, Inc.
Total Facilities Management

VENDOR PROFILE

Please complete and return to:
Phone: 316.721.3656 Fax: 316.721.3802 Email: mmcqueary@qsifacilities.com
After reviewing your profile we will contact you and forward the additional paperwork needed in order to become a vendor for Quality Solutions, Inc.

Company name _____
If you are a DBA please list both names above
Address _____
City, State, Zip _____
Office phone _____
Office fax _____
Billing contact _____
Scheduling contact _____

Emergency phone _____
Email _____
Company website _____
Federal tax ID # _____
License # _____
Normal business hours _____
Emergency hours _____

Please check all of the following that apply to your company:

- Woman/minority owned business veteran owned business
 Minority owned business (please select all that apply below)
 Hispanic American, African American, Asian American, Native American, Native Hawaiian, Non-US

Please check the services your company provides and identify the hourly rates for those services. **Please do not mark any that you sub-contract.** It is against QSI policy to sub-contract any work without the written consent of QSI. Please note also that QSI does not allow truck or travel charges or 2 man crews unless specifically approved by the QSI Project Manager and set forth in the Work Order. If the Work Order does not reflect a charge you believe has been authorized by QSI, you must request a revised Work Order. Make sure your hourly rate reflects any additional charges that you have.

- | | | | |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Door/Overhead door | hourly rate _____ | <input type="checkbox"/> Flooring Installs/repairs | hourly rate _____ |
| <input type="checkbox"/> General contracting | hourly rate _____ | <input type="checkbox"/> General handyman repairs | hourly rate _____ |
| <input type="checkbox"/> Electrical | hourly rate _____ | <input type="checkbox"/> Plumbing | hourly rate _____ |
| <input type="checkbox"/> Roofing | hourly rate _____ | <input type="checkbox"/> Painting | hourly rate _____ |
| <input type="checkbox"/> HVAC | hourly rate _____ | <input type="checkbox"/> Refrigeration | hourly rate _____ |
| <input type="checkbox"/> Locksmith | hourly rate _____ | <input type="checkbox"/> Glass | hourly rate _____ |
| <input type="checkbox"/> Data cabling | hourly rate _____ | <input type="checkbox"/> Fire Safety/Sprinklers | hourly rate _____ |

Do you provide AFTER HOURS services: Yes No Emergency service rates: _____

Standard Mark-up % on Materials _____%

Other services not listed (include hourly rate for each): _____

If your company changes its rates for any reason, you must submit a new vendor profile and obtain approval from a QSI manager. Until then, your invoices must be billed at the rates set forth in this vendor profile. All work performed on behalf of QSI is subject to the work order, which incorporates by reference the terms and conditions applicable to vendors.

Vendor Signature: _____

Date: _____