



PROFESSIONAL SERVICES DATA SHEET

Name of Company: _____.

Name of Owner: _____.

Business Address: _____.

City/State/Zip: _____.

Work Phone: _____ . Home Phone: _____.

Email Address: _____.

Type of Work: _____ . How long: _____.

Number of Employees: _____.

Office Phone # : _____.

Cell Phone # : _____.

Pager # : _____.

Fax # : _____.

Sub-contractors that regularly do work for you:

Name	Address	Phone #
_____	_____	_____

_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Suppliers you do business with:

Name	Address	Phone #
_____	_____	_____

_____	_____	_____
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_____	_____	_____
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_____.
Customers you have recently done work for:

_____.

Federal, State and/or City contracts which you have completed:

_____.

Credit References:

Name	Company Address	Phone #
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_____.	_____.	_____.
_____.	_____.	_____.
_____.	_____.	_____.

Owner's or Officer's Social Security Number: _____.

Company Tax ID Number: _____.

Contractor License Number: _____.

Date: _____ . Signature: _____.

Persons authorized to pick up checks:

Name	Social Security Number
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_____.	_____.
_____.	_____.
_____.	_____.

Check mailing address:

Street or PO Box, City, State, Zip Code

Fax or mail completed form to the Kent County Land Bank Authority:

Kent County Land Bank Authority

347 S. Division Ave.

Grand Rapids, MI 49503

www.kclba.org

PH: 616 459-8205

FX: 616 459-8208