

**Authentic Custom Homes**  
**Trade Partner Application Form – Subcontractor**

If you have not worked for Authentic Custom Homes before & would like to be included in our bidding process for future projects, or to perform work on current projects, please complete this form and return.

Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Alias \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Type of Business: \_\_\_\_\_

\_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ S Corporation \_\_\_\_\_ LLC

Please provide a list of services you are qualified to perform: \_\_\_\_\_

\_\_\_\_\_

Please provide the region or area in which you perform services: \_\_\_\_\_

\_\_\_\_\_

Please provide the number of years in business \_\_\_\_\_

Please clearly define your weekly capacity for Authentic Custom Homes projects. \_\_\_\_\_

What area within OKC do you prefer to work? \_\_\_\_\_

How many jobs per week can you do in your area of expertise? \_\_\_\_\_

Please provide your required lead time to start: \_\_\_\_\_

List 3 Business / Professional References:

Name: _____	Contact # _____
Name: _____	Contact # _____
Name: _____	Contact # _____

**(Proof of Insurance Required)**

In addition to this application, please have your insurer provide Authentic Custom Homes with a certificate of insurance confirming coverage with Authentic Custom Homes with correct address below, listed as Additional insured.

**Workmans Compensation Insurance**

1,000,000 Minimum Coverage

\_\_\_\_\_

Name of insurer

**General Liability Insurance**

1,000,000 Minimum Coverage

\_\_\_\_\_

Name of insurer

Authentic Custom Homes would like you thank you for your time in completing this form for consideration.

2422 NW 178th Street, Edmond, OK 73012 (405)285-7464

For Authentic Custom Homes Office Only: Signature for Approval: \_\_\_\_\_

