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 Purchasing@mycasasdeleon.com

Date: \_\_\_\_\_

**Casas De Leon**

All information submitted for evaluation will be considered official and confidential.

NAME OF FIRM: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_ TAX ID NO: \_\_\_\_\_  
 WEBSITE ADDRESS: \_\_\_\_\_  
 GENERAL TRADE: \_\_\_\_\_  
 OTHER SPECIALTIES YOU PERFORM: \_\_\_\_\_

TX STATE LICENSE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 LICENSE CLASSIFICATION: \_\_\_\_\_

AREA OF OPERATION: \_\_\_\_\_  
 COMPANY SIZE (# OF EMPLOYEES): \_\_\_\_\_  
 YEAR ESTABLISHED: \_\_\_\_\_

LEGAL ENTITY: (Choose one)  
 CORPORATION     PARTNERSHIP     SOLE PROPRIETOR     INDIVIDUAL

Provide a Certificate of Insurance  
 INSURANCE COMPANY NAME: \_\_\_\_\_  
 AGENT NAME: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

Provide a certified letter from your bonding company identifying the bonding rate per \$1,000, the aggregate and single project bonding capacity of the Company.  
 BONDING COMPANY NAME: \_\_\_\_\_  
 AGENT NAME/PHONE NO: \_\_\_\_\_

**REFERENCES**

NAME: _____	PHONE NUMBER: _____
ADDRESS: _____	YEARS KNOWN: _____
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