|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
|  |
| Point of Contact Name: |  |
| Point of Contact Phone Number: |  |
| Point of Contact Email: |  |
|  |
| How many years has your company been in business? |  |
| How many years of experience does your company have providing the services requested? |  |
| Provide an overview of the company’s background and capabilities. |
|  |
| Provide an overview of the company’s experience providing green, non-toxic, no-VOC janitorial services. If none, indicate N/A. |
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