|  |  |  |
| --- | --- | --- |
| 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. | | |
|  | | |