

## Doing it the right way.

## **Contractor Application**

Company Name:			
Correspondence Addre	ess:		
Billing Address (if diffe	erent)		
CONTACT DETAILS			
Phone:		Email:	
Fax:		Website:	
Contact:		Department:	
Contact:		Department:	
Contact:		Department:	
GEOGRAPHIC AREA CO	OVERED		
Glasgow Edinburgh Aberdeen		Perth Central Borders	



Glasgow Office:
Regent Court, 70 West Regent Street,
Glasgow G2 2QZ
T: 0333 240 8325| F: 0141 333 1116
E: enquiries@lpmonline.co.uk

Aberdeen Office:
Westpoint House, Prospect Road
Arnhall Business Park, Westhill AB32 6FJ
T: 01224 737 272 | F: 01224 766 901
E: enquiries@lpmonline.co.uk

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## **Contractor Application (2)**

VAT Reg No:	Company Reg No:
Number of Employees:	24hr Service Provided: Yes No
Trades Provided:	
A consistent on a	
Accreditations:	
Health & Safety Policy	
Does your company have a written Health & S	ty Policy? Yes No
f yes - please provide a copy with this application	on
Safe Systems of Work	
Does your company issue your employees wit	
enable them to carry out their duties?  If yes - please provide copies with this application	Yes No
if yes - please provide copies with this applica	111
Public Liability Insurance	
Do you have Public Liability Insurance?	Yes No
If yes - please provide a copy of your Public L	ility Insurance
Certificate with this application	
Subcontract	
Does your company subcontract?	Yes No
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# **Contractor Application (3)**

Please provide details of 2 references:  REFERENCE (1)  Company Name:  Contact Name:  Telephone Number:  Address:  REFERENCE (2)  Company Name:  Contact Name:  Telephone Number:  Address:	REFERENCES
Company Name:  Contact Name:  Telephone Number:  Address:  REFERENCE (2)  Company Name:  Contact Name:  Telephone Number:	Please provide details of 2 references:
Contact Name:  Telephone Number:  Address:  REFERENCE (2)  Company Name:  Contact Name:  Telephone Number:	REFERENCE (1)
Telephone Number:  Address:  REFERENCE (2)  Company Name:  Contact Name:  Telephone Number:	Company Name:
Address:  REFERENCE (2)  Company Name:  Contact Name:  Telephone Number:	Contact Name:
REFERENCE (2)  Company Name:  Contact Name:  Telephone Number:	Telephone Number:
Company Name:  Contact Name:  Telephone Number:	Address:
Company Name:  Contact Name:  Telephone Number:	
Company Name:  Contact Name:  Telephone Number:	
Contact Name: Telephone Number:	REFERENCE (2)
Telephone Number:	Company Name:
	Contact Name:
Address:	Telephone Number:
Address:	
	Address:



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