



# TMI INSTALLATION CONTACT FORM

Please complete contact information, installation background and installation experience.

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

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

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

Your Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Installers on Staff: \_\_\_\_\_ Union Non-Union

Installation States/Territory: \_\_\_\_\_

License Info: \_\_\_\_\_

Bonding Info: \_\_\_\_\_

Certificate of Insurance: \_\_\_\_\_

Safety Info: \_\_\_\_\_

Expected Payment Terms: \_\_\_\_\_

Installation Certification:  Corian® Solid Surface  Other Solid Surface  AWI QCP Certified  
 Granite  Stone

Other Certifications: \_\_\_\_\_

Take-Off Software: Bluebeam® Other: \_\_\_\_\_

Types of Products You Install: \_\_\_\_\_

Types of Countertops You Install: \_\_\_\_\_

Have You Installed Laboratory Casework and Associated Products? Yes No

Will You Take Field Dimensions? Yes No

Will You Attend Jobsite Meetings? Yes No

Companies You've Installed For: \_\_\_\_\_

Significant Projects You've Installed: \_\_\_\_\_

Questions or Comments: \_\_\_\_\_



**PLEASE NOTE**

Include letters of recommendation and any other information you feel may be of value. Your submittal will be reviewed by a TMI representative and then we'll contact you for a follow-up discussion.

Please submit your packet of information to: [contact@tmisystems.com](mailto:contact@tmisystems.com)