

EXHIBIT "D"
FLYNN DEVELOPMENT CORPORATION
SUBCONTRACTOR/VENDOR INFORMATION SHEET

A. The legal name and business address of the subcontractor/vendor is:

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Principal: _____ Salesman: _____

Phone: _____ Fax: _____

Email: _____ Mobile: _____

Number of Employees: _____ Are employees direct or leased: _____

Number of vehicles owned by the company: _____

B. The subcontractor/vendor is: (Check one)

1. Corporation _____ Limited Liability Corporation _____ General Partnership _____

Limited Partnership _____ Proprietorship _____ Other _____

2. Federal I.D. Number: _____

3. FL Dept. of Professional Reg. License (Attach Copy): _____

4. FDPR Qualifying Individual Name: _____

5. Local Occupational License Number (Attach Copy): _____

C. The name, title, and address of the owner, partners or officers of the subcontractor/vendor firm are:

Name: _____ Title: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: _____ Home Phone No. _____

Name: _____ Title: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: _____ Home Phone No. _____

D. The names and addresses of all suppliers and subcontractors I will use are as follows:

Name	Address	Description of Service/Material Supplied	Area Code/Phone

E. Insurance Agency - Liability: _____

Agent Name: _____ Agent Phone Number: _____

F. Insurance Agency - Workers Comp: _____

Agent Name: _____ Agent Phone Number: _____

I hereby certify that this information is correct and authorize verification including the obtaining of credit reports by the General Contractor or its agents.

Subcontractor/Vendor Date: _____

By: _____ Title: _____