

BEREA COLLEGE VENDOR QUALIFICATION FORM

1. Name of Company: _____

a. Principal Owner _____

b. Principal Owner _____

2. Telephone: _____

3. Fax Number: _____

4. E-mail address _____

5. Complete Mailing Address

6. Web Page: If company has a web page, please provide web page address:

7. Quality System: Does your company have a formally approved or certified quality system in place?

(check yes or no) Yes No (if you checked yes, please complete boxes 7a, 7b, 7c and 7d)

7a. Name of Quality System: _____

7b. Scope of coverage: _____

7c. Register/Approval Authority: _____

7d. Date certificate expires: _____

8. Please provide a list of three references for which you have provided supplies or services during the past 12 months. Include company name, point of contact, and phone number.

Reference 1.

Co. Name: _____

Contact: _____

Telephone: _____

Reference 2.

Co. Name: _____

Contact: _____

Telephone: _____

Reference 3.

Co. Name: _____

Contact: _____

Telephone: _____

9. Is the company, or any of its principals, currently debarred, suspended or deemed ineligible to receive contracts from a Federal agency? (If yes, please provide details)

_____ No _____ Yes

10. Taxpayer Identification Number (U.S. Companies only): _____

11. Dunn and Bradstreet DUNS number: _____

12. Please briefly describe the major products or services that your company sells:

13. Please describe your company's environmental/sustainability initiatives:

14. Please describe your warranty provisions:

15. Please provide your remit address, if it is different from that shown in item 5.

16. Does your company have third-party audited financial statements?

_____yes _____no

If yes, please submit the most recent financial statements with this vendor qualification form.

17. If you accept electronic funds transfer payments, please provide EFT information

16a. Bank Name: _____

16b. Bank Address: _____

16c. Account Number: _____

16d. Routing Number: _____

16e. Bank Contact: _____

16f. Bank Telephone: _____

Completed By: _____
Company Representative and Title

Date: _____

Questions about this form are to be directed to:
Aurelia Brandenburg, Purchasing Manager
CPO 2206
Berea, KY 40404
Ph (859)985-3173
Fx (859)985-3909
brandenburga@berea.edu

For Berea College Purchasing Use Only:

Accepted by: _____

Date: _____