



Summit Industrial
Vendor/Supplier Qualification Statement

Contact Information

Vendor/Supplier Name: _____

Address: _____

Year Founded: _____

Primary Outside Sales Contact: _____	Additional Inside Sales Contact: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____
Primary Inside Sales Contact: _____	Primary Shipping/Receiving Contact: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

I. Sales/Operations Information:

Number of Sales Offices: _____	Location of Stocking Center(s) _____ _____ _____
Previous Year Gross Sales: _____ _____ _____	_____
Do you offer On Call service? If Yes, when? Are there Call out Fees? If Yes, How Much?	_____ _____ _____ _____

II. Stocking Information

Estimated Value of Stock: _____

Primary Suppliers for Stock:	Name & Product	Location
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Manufacturers Purchased Directly from:	Name & Product	Name & Product
	_____	_____
	_____	_____
	_____	_____
	_____	_____

If requested, can you provided a letter from Manufacturers certifying you as their Distributor? Yes No

Does your Company offer any in-house Machining or Fabrication? Yes No

If Yes, please specify: _____

III. Additional Information

Please detail any additional value added services your company offers:

****Include a copy of your Line Sheet with this Survey****