



# 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\*\*\*\*