

Vendor Profile Form

New Vendor Qualification for Material and/or Service Acquisitions

The undersigned Vendor certifies that the information herein is true, complete and accurate.

Vendor Legal Name: _____

D/B/A: _____

Federal Tax ID/TIN:

if a SS#, please mail the form to us. _____

Business Address: _____

Phone: _____

Fax: _____

Email (Provide email address that will be authorized to receive Purchase Orders): _____

Point of Contact : _____

A/R or Accounting

Contact: _____

Remit to address (if different from above): _____

In the space provided below, please describe the product, service, or specialty that your company offers.

Please include the first 4 digits of the UNSPSC code:

(Use this website to search for your code <http://www.unspsc.org/search-code>) _____

Dun and Bradstreet Number (if any): _____

Years in business under present name: _____

Bank References: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Has your firm had any judgments, claims, arbitration proceedings, or suits pending or outstanding over the last five (5) years? If yes, explain with amount of claim and brief description.

List any/all information regarding lapse, revocation, denial, debarment or other negative action in connection with any required certification which has occurred over the last five (5) years.

Colgate University may, upon request, require a copy of vendors financial statement (assets/liabilities) preferably audited.

Please indicate an organization type below (check all that apply):

- | | |
|-------------------------|---|
| Corporation | Minority Business (MBE) |
| Small Business | Disadvantaged Business Enterprise (DBE) |
| Disabled Owned Business | Veteran Owned Business |
| Hub Zone | Woman Owned Business (WBE) |
| Independent Contractor | Limited Liability Partnership Joint |

W-9: Please attach your W-9 with this qualification form. If the Tax ID contains a SS#, please mail the form to the Colgate Purchasing office address listed below.

Certification

I certify that:

1. The number shown on this form is my correct taxpayer identification number.
2. I have read, reviewed, and accept the Colgate University Purchasing Terms and Conditions:
<http://www.colgate.edu/offices-and-services/purchasing>

Signature: _____

Name: _____
(Please print)

Title: _____

Date: _____

Colgate University
13 Oak Drive
Hamilton, New York 13346

Telephone: 315-228-7838

Fax: 315-228-7828

Email: purch@colgate.edu

Visit our website at <http://www.colgate.edu/offices-and-services/purchasing>