

Supplier Information Profile (SIP) Application

COMPANY ADDRESS AND CONTACT INFORMATION

Company Name/DBA:		
Local Address:		
City:	State:	Zip+4:
Tel:	Fax:	www:
Corporate Address:		
Affiliate Companies: 1)		
2)		
3)		

FINANCIAL HISTORY

Ownership:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private
Dunn & Bradstreet Number:			
Federal ID#			
Annual Sales Volume:			
Current Assets:			
Inventory Values:			
Net Worth:			
Payment Remittance Information:			
Payment Discounts Available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Payment Discount Terms:			
Remit Options:	<input type="checkbox"/> A/R	<input type="checkbox"/> Lock Box	<input type="checkbox"/> EFT <small>(Complete EFT Form)</small>
			<input type="checkbox"/> Credit Card <small>(Complete Pcard Vendor Information)</small>
Remit Address:			
City:	State:	Zip+4:	

BUSINESS OWNERSHIP CLASSIFICATION:

Mark all that apply
To qualify, at least 51% owned, operated and actively controlled by the following:

Business Type	Ownership	Ethnicity
<input type="checkbox"/> Large	<input type="checkbox"/> Male	<input type="checkbox"/> African American
<input type="checkbox"/> Small	<input type="checkbox"/> Female	<input type="checkbox"/> Asian Pacific
<input type="checkbox"/> Minority	<input type="checkbox"/> Asian Indian	
<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Native American	
<input type="checkbox"/> Disabled	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Veteran	<input type="checkbox"/> Other	

CERTIFICATION INFORMATION

Minority (MBE) Certified: Yes No
 If yes, please list certification:
 Expiration Date: Certification Number:

Women Owned (WBE) Business: Yes No
 If yes, please list certification:
 Expiration Date: Certification Number:

Disabled Veteran (DVBE) Certified: Yes No
 If yes, please list certification:
 Expiration Date: Certification Number:

SBA Certified: Yes No

BUSINESS INFORMATION

Service Area: International National Regional Local
 Year Estab.
 Total Employees:
 Number of Sales Associates:
 Number of Customer Service Representatives:
 Unions Represented?: Yes No

Corporate Officers	Name	Title

Key Contacts		
Name & Title	Phone/Fax #	E-Mail #
1)		
2)		
Emergency After Hours Telephone Number:		
Emergency After Hours Contact:		

ORDER DISPATCH SERVICES

Orders Received Via: (Check all that apply)

EDI

Internet/web site/e-mail

Facsimile (Fax) Fax #:

Primary Contact: Title: Phone:

Second Contact: Title: Phone:

ORDER CONFIRMATIONS SERVICES

Orders Confirmed Via: (Check all that apply)

<input type="checkbox"/> EDI
<input type="checkbox"/> Internet/Web
<input type="checkbox"/> Fax

* Are you currently an Allegis Group customer? Yes No

If yes, what is the volume? \$ _____ of spend?

Who is your salesperson/contact? _____

Tickler Symbol _____ SIC Code _____ NAICS _____

PRODUCTS/SERVICES

* Describe all products and services you provide.

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REFERENCES

At least two required.

Company Name:	
Contact Name	Phone:
Company Name:	
Contact Name	Phone:
Company Name:	
Contact Name	Phone:

This application is for information purposes only. Completion and submission of this form does not guarantee work and/or acceptance of products or services.

By signing below, I agree that all information entered is accurate and correct. I agree that I have read and fully understand, and will comply with all provisions of this application. I have reviewed the above information and consent to the release of any credit information required to further process this application. I understand that all information submitted to Allegis Group will be held in strict confidence.

/	/	/	/
Authorized Signature	Print Name	Title	Date

*Return the completed form via email to: preferred_supplier@allegisgroup.com or via mail to:
Allegis Group Purchasing, 7312 Parkway Drive, Hanover, MD 21076

FOR CORPORATE USE ONLY

Approved By:	Date:
Supplier:	
Effective Date:	Expiration Date:
Acceptance Letter: <input type="checkbox"/> Yes Date	<input type="checkbox"/> No
Facility Survey Scheduled: <input type="checkbox"/> Yes Date	<input type="checkbox"/> Survey Attached
Warehouse Survey Scheduled: <input type="checkbox"/> Yes Date	