



VENDOR QUALIFICATION FORM – Product/Service/Specialties
(Note Construction Contractors are to use “Contractor Qualification” form)

The undersigned Vendor certifies that the information herein is true, correct, complete and accurate. (Elaboration on the following information or additional information deemed to be useful for evaluation of vendor's capabilities or to prevent misleading representations may be attached to this form.)

Vendor Legal Name: _____

Federal ID/TIN Number: _____

Business Address: _____

Phone: _____

Fax: _____

Can this fax receive Electronic Faxes? [] Yes [] No

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

President (or Managing Partner, etc.): _____

Please enclose your W9 with this qualification form.

Remit to address (if different from above): _____

Phone: _____

Fax: _____

Vendor Contact Person: _____ Contact Email Address: _____

Contact Phone Number: _____

Temple University's standard payment terms for conforming goods shall be paid with a net 30 terms from the date of invoice.

Dun and Bradstreet Number (if any): _____

Years in business under present name: _____

List all other names under which your business has operated in last 10 years:

Insurance: Attach certificates of insurance evidencing Products Liability, GL, WC, Automobile coverage

Total number of employees: _____

Does your firm have and are you in compliance with all applicable EEO requirements? [] Yes [] No

(If no attach summary of details on a separate sheet)

Bank References: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Has firm or predecessor firm been involved in a bankruptcy or reorganization? Yes No

(If yes please attach summary of details on a separate sheet)

In the space provided below please describe product, service, or specialty your company offers. Include as an attachment any additional information such as brochures, line cards, links to web sites, etc:

Union affiliations: Local National None

In the space provided below please provide three references (preferably other schools) you are currently doing business with. Include contact names phone numbers and or email addresses.

List below any/all contract(s) awarded to vendor which it has failed to complete: (If applicable, attach separate sheet.)

Project (Name & Location): _____

Contract with: _____

Brief explanation of cause & resolution:

List any/all judgments, claims, arbitration proceedings, or suits pending or outstanding against vendor over the last five (5) years with amount of claim and brief description. (Attach additional page if necessary)

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. (Attach additional page if necessary)

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

Please indicate an organization type below:

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Minority Business (MBE) |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) |
| <input type="checkbox"/> Disabled Owned Business | <input type="checkbox"/> Veteran Owned Business |
| <input type="checkbox"/> Hub Zone | <input type="checkbox"/> Woman Owned Business (WBE) |
| <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Limited Liability Partnership Joint |
| <input type="checkbox"/> Venture | |

Certification

I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature: _____

Name: _____
(Officer or Partner)

Title: _____

Date: _____

This completed form (with all attachments) and a statement must be certified true and correct by affidavit sworn before a Notary Public (in form as follows) and returned in one of the following two ways:

Return form by mail to: Temple University Purchasing Services Department
1009 W. Montgomery Avenue
Suite 170 Facilities Management Building
Philadelphia, PA 19122

Return form electronically to: *Temple University Purchasing Department
purchase@temple.edu

*Unless otherwise directed by a Temple University buyer.

NOTE: A signature is required by a Notary Public, therefore the form must be scanned before being submitted electronically.