

## 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>)

**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.

List any/all potential or actual conflicts of interest (directors, officers, or employees, or their spouses or close family members, who are employed by or affiliated with Colgate University).

**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):**

- |  |  |
|--|--|
| <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     |

**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: [purchasing@colgate.edu](mailto:purchasing@colgate.edu)

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