

Vendor application

VENDOR APPLICATION	VENDOR NO:
	DATE (MM/DD/YY):

COMPANY INFORMATION

COMPANY NAME:		TELEPHONE NO:	
STREET ADDRESS:	CITY	STATE/COUNTRY:	ZIP CODE:
P.O. BOX/MAILING ADDRESS (IF DIFFERENT FROM ABOVE):	CITY	STATE/COUNTRY:	ZIP CODE:
FAX NO.	COMPANY WEBSITE:		
THIS FIRM IS :		PARENT COMPANY:	
PRIVATE: YES or NO	PUBLIC: YES or NO	JOINT VENTURE: YES or NO	
Entity Type?	Sole Proprietorship: <input type="checkbox"/>	LLC: <input type="checkbox"/>	Corp: <input type="checkbox"/>
		S- Corp: <input type="checkbox"/>	Other: <input type="checkbox"/>
OWNER/PRESIDENT/CEO:	PHONE NO:	EMAIL:	
ENVIRONMENTAL MANAGER:	PHONE NO:	EMAIL:	
FACILITY MANAGER:	PHONE NO:	EMAIL:	
SURVEY COMPLETED BY:	PHONE NO:	EMAIL:	
CURRENT NUMBER OF EMPLOYEES:	SIZE OF FACILITY (SQ FT):	DAYS/HOURS OF OPERATIONS:	
PERMANENT:	TEMPORARY:		
YEARS IN OPERATION:			EPA ID:
WERE THERE ANY CHANGES FROM LAST YEAR?			
COMPANY NAME: YES or NO	OWNERSHIP: YES or NO	LOCATION YES or NO	
PHONE: YES or NO	COMPANY MNGT: YES or NO	QUALITY ASSURANCE MNGT: YES or NO	

FINANCIAL STABILITY

HAS THE COMPANY FILED BANKRUPTCY IN THE LAST 5 YEARS? IF SO, EXPLAIN

TAX INFORMATION

D & B (DUNS) #:	FEDERAL TAX ID:
TAX EXEMPT #:	<i>(Must attached copy of sales tax registration certificate and Business License)</i>

TRADE REFERENCES

COMPANY NAME	ADDRESS	CONTACT INFO:	NATURE OF BUSINESS	TERMS/ CREDIT LIMIT

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LICENSES, PERMITS AND INSURANCE

List all Federal, State, Country, and local licenses/permits. Complete all information below for each license or permit . Attach copies of permits.

	Permit #/Insurance #	Issuance Date	Expiration Date	Provide Documentation/Copies of
Business License				
Comprehensive & Liability Insurance Coverage				
Pollution Insurance Coverage				
Worker's Compensation Coverage				
Waste Handling Permit				
Air Emissions Permit				
Automobile/Transportation Insurance				
Other Licenses/Permits and/or Insurance				

CERTIFICATION INFORMATION

CERTIFICATIONS	YES/NO		ISSUANCE DATE	EXPIRATION DATE	ATTACH CERTIFICATION IF
R2 (RESPONSIBLE RECYCLING)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ISO 14001	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
R2/RIOS	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
ISO 9001	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
OHSAS 18001	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
OTHER CERTIFICATION	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

TERMS & CONDITIONS

All Vendors will be submitted to a **background check** . Applicant's terms and agreements can be terminated under this Application at any time without prior notice to applicant, except as otherwise provided by law.

Name:	Signature:	DATE:
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Vendor application



Approval by :	Name :	Signature:	Date:
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