

SOUTH JERSEY GAS COMPANY VENDOR QUALIFICATION FORM

Please fill out, print and mail to: Materials Management, South Jersey Gas, 1 South Jersey Plaza, Folsom, NJ 08037

Date Submitted: ____/____/____

CONTACT INFORMATION

1. Company Name: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (____) _____ Fax: (____) _____
Website: _____
2. Contact Person: _____ Title: _____
Phone Number: (____) _____ Fax: (____) _____
E-mail: _____
3. Sales Representative Name: _____
Phone Number: (____) _____ E-mail: _____
Customer Service Name: _____
Phone Number: (____) _____ E-mail: _____

BUSINESS INFORMATION

4. Tax I.D. Number: _____ Primary NAICS Code: _____
5. Is your company: () Manufacturer () Distributor () Retailer () Wholesaler
() Factory Rep. () Consultant () Leasing () Service
() Repair/maint. () Other: _____
6. Company established: Year: _____
Entity Type: () Corporation () Sole proprietorship () Partnership () Other _____
State of incorporation: _____
7. How long has entity been in business under the current name? _____
7a. If less than five (5) years, what was entity's previous name (s)?

8. Please provide a description of entity's primary product/service.

9. Will you be able to provide a certificate of Insurance for General Liability and Workers Compensation Liability (combined single limit of \$1,000,000) in duplicate prior to beginning any work for services? () Yes () No () N/A

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10. Provide three (3) customer references:

- a. Company: _____ Contact Name: _____
Address: _____
Phone: (____) _____ Fax: (____) _____
Type of Work: _____ Approx Value: _____
E-mail: _____
- b. Company: _____ Contact Name: _____
Address: _____
Phone: (____) _____ Fax: (____) _____
Type of Work: _____ Approx Value: _____
E-mail: _____
- c. Company: _____ Contact Name: _____
Address: _____
Phone: (____) _____ Fax: (____) _____
Type of Work: _____ Approx Value: _____
E-mail: _____

11. What are your required payment terms: _____

12. Are discounts offered for: (____) Volume purchases (____) Early payment (____) Not offered

13. Do you provide advance notice on pricing changes? (____) Yes (____) No

14. What is your warranty policy? _____

15. If Broker or Agent, name of principal manufacturer product lines you offer:

16. What are your inventory arrangements (i.e. local, regional warehouse)? _____

17. What is your delivery-freight policy? _____

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BUSINESS CLASSIFICATION

18. Is your business currently certified as a minority or women-owned business enterprise (MWBE) by a third party organization*? *(Please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Minority-Owned | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Women-Owned | <input type="checkbox"/> HUB Zone |
| <input type="checkbox"/> Disabled-Owned | <input type="checkbox"/> Veteran-Owned |
| <input type="checkbox"/> N/A | |

19. Please specify your classification by the certifying agency:

- | | |
|--|---|
| <input type="checkbox"/> African American (AA) | <input type="checkbox"/> Hispanic American (HA) |
| <input type="checkbox"/> Native American (NA) | <input type="checkbox"/> Asian-Pacific American (AP) |
| <input type="checkbox"/> Asian-Indian American (AI) | <input type="checkbox"/> Woman-Owned Business Enterprise (WF) |
| <input type="checkbox"/> Other (please specify): _____ | |

20. Please indicate by whom your company has been certified and attach certification(s) and documentation *(if applicable)*:

- a. Certifying Agency: _____
Certifying Type: _____
Certificate Number: _____
Expiration Date: _____
- b. Certifying Agency: _____
Certifying Type: _____
Certificate Number: _____
Expiration Date: _____
- c. Certifying Agency: _____
Certifying Type: _____
Certificate Number: _____
Expiration Date: _____

21. Name of principal owner(s): _____
Percent of ownership: _____

*A minority/woman owned business enterprise (MWBE) means:

1. A business enterprise
 - A. that is at least 51% owned by a minority individual or group (s) or
 - B. if a publicly owned business, at least 51% of the stock of which is owned by one or more minority groups, and
2. A business enterprise whose management and daily business operations are controlled by one or more of those individuals.

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EMPLOYEE INFORMATION

22. Are any currently employed South Jersey Gas employees affiliated with your business?

No Yes Individuals name (s) _____

23. Has an Affirmative Action Program (AAP) or Equal Opportunity Employment (EOE) been Adopted by your Business?

AAP Yes No
 EOE Yes No

24. Employee makeup (by numbers):

	Non-Minority	Minority	Total
Professional			
Non-Professional			
Total			

It is the Policy of South Jersey Gas Company to obtain the enclosed information from its vendors as part of a vendor information file system. We would appreciate the timely return of this form and any additional information on your company or product that you wish to send. **PLEASE RETURN TO THE PERSON AND ADDRESS MENTIONED BELOW.** All information will be kept in a confidential manner.

Vendor Signature

Date

Printed Name & Title

To be completed by the South Jersey Gas Company personnel issuing this form:

Name: Supplier Diversity Program

Title: Administrative Services

Division Address: One South Jersey Plaza

City: Folsom State: New Jersey Zip: 08037

Division Phone Number: 609-561-9000

Division Fax Number: 609-561-8225

This form was administered by: Mail Phone In Person Online