

VENDOR QUALIFICATION FORM

Please fill out, print, and mail to: South Jersey Industries, Administrative Services, 1 South Jersey Plaza, Folsom, NJ 08037
Or submit to: vendorrequests@sjindustries.com or supplierdiversity@sjindustries.com

CHECK ALL THAT APPLY

COMPANY: () REGULATED () NON-REGULATED

DATE SUBMITTED: _____

CONTACT INFORMATION (to be completed by SJI)

1. VENDOR NAME: _____

VENDOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

WEBSITE: _____

2. CONTACT PERSON: _____ TITLE: _____

PHONE: _____ FAX: _____

EMAIL: _____

3. SALES REPRESENTATIVE (IF DIFFERENT): _____

PHONE: _____ FAX: _____

CUSTOMER SERVICE NAME: _____

PHONE: _____ FAX: _____

4. TAX ID NUMBER (OR SSN): _____ PRIMARY NAICS CODE: _____

5. PLEASE CHECK THOSE THAT APPLY:

- () TOTAL PURCHASES WITH VENDOR WILL BE LESS THAN \$15,000 IN 12-MONTH PERIOD
- () CONSTRUCTION CONTRACTOR THAT HAS BEEN QUALIFIED UNDER PROCEDURE 06.1
- () CONTRIBUTION TO CHARITABLE ORGANIZATION
- () SEMINAR ATTENDANCE FEES
- () SPONSORSHIPS
- () COMMODITY SUPPLIER (GAS OR ELECTRIC)
- () CITY/MUNICIPAL/COUNTY/FEDERAL GOVERNMENT AGENCY
- () EMPLOYEE OR RETIREE REIMBURSEMENT
- () REFUND (INCLUDING CCC, MAIN EXTENSION, STUB SERVICE)
- () VEHICLE PURCHASE
- () LEGAL SETTLEMENT

**** If one or more is/are checked, please skip to Question 14, then proceed to SJI Requisitioner Signature on last page**

VENDOR QUALIFICATION FORM

VENDOR INFORMATION (to be completed by Vendor)

1099 REPORTABLE

6. IS YOUR COMPANY: MANUFACTURER DISTRIBUTOR RETAILER
 WHOLESALE FACTORY REP. CONSULTANT
 LEASING SERVICE REPAIR/MAINTENANCE
 OTHER _____

7. COMPANY ESTABLISHED: YEAR: _____

- ENTITY TYPE: CORPORATION SOLE PROPRIETORSHIP
 PARTNERSHIP OTHER: _____

STATE OF INCORPORATION: _____

8. HOW LONG HAS ENTITY BEEN IN BUSINESS UNDER THE CURRENT NAME? _____

8A. IF LESS THAN FIVE (5) YEARS, WHAT WAS ENTITY'S PREVIOUS NAME(S)?

9. PLEASE PROVIDE A DESCRIPTION OF ENTITY'S PRIMARY PRODUCT/SERVICE/STATEMENT OF WORK (SOW):

10. PLEASE PROVIDE THREE (3) CUSTOMER REFERENCES:

A. COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TYPE OF WORK: _____ ANNUAL CONTRACT AMOUNT: _____

EMAIL: _____

B. COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TYPE OF WORK: _____ ANNUAL CONTRACT AMOUNT: _____

EMAIL: _____

C. COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TYPE OF WORK: _____ ANNUAL CONTRACT AMOUNT: _____

EMAIL: _____

11. WHAT ARE YOUR REQUIRED PAYMENT TERMS? _____

VENDOR QUALIFICATION FORM

12. ARE DISCOUNTS OFFERED FOR : () VOLUME PURCHASES () EARLY PAYMENT () NONE

13. IF PROVIDING TANGIBLE PRODUCTS, PLEASE COMPLETE THE FOLLOWING QUESTIONS. *OTHERWISE SKIP TO QUESTION 14.*

A. DO YOU PROVIDE ADVANCE NOTICE ON PRICING CHANGES? () YES () NO

B. WHAT IS YOUR WARRANTY POLICY? _____

C. IF BROKER OR AGENT, NAME OF PRINCIPLE MANUFACTURER PRODUCT LINES YOU OFFER :

D. WHAT ARE YOUR INVENTORY ARRANGEMENTS (I.E. LOCAL, REGIONAL WAREHOUSE)?

E. WHAT IS YOUR DELIVERY-FREIGHT POLICY? _____

14. IF PHYSICAL WORK OR ANY KIND OF PROFESSIONAL SERVICE WILL BE PERFORMED, WILL YOU BE ABLE TO PROVIDE A CERTIFICATE OF INSURANCE FOR GENERAL & UMBRELLA LIABILITY, WORKERS COMPENSATION LIABILITY, AND PROFESSIONAL ERRORS & OMISSIONS LIABILITY IN DUPLICATE PRIOR TO BEGINNING ANY WORK?
() YES () NO () N/A

BUSINESS CLASSIFICATION (to be completed by Vendor)

15. IS YOUR BUSINESS CURRENTLY CERTIFIED AS DIVERSE* BY A THIRD-PARTY ORGANIZATION?

(PLEASE CHECK ALL THAT APPLY)

*DESCRIPTION ON PAGE 4

- | | |
|----------------------------------|------------------------------------|
| () N/A (PROCEED TO QUESTION 15) | () SMALL BUSINESS |
| () MINORITY-OWNED | () HUB ZONE |
| () WOMEN-OWNED | () VETERAN-OWNED |
| () DISABLE-OWNED | () SERVICE DISABLED VETERAN OWNED |

A. PLEASE SPECIFY YOUR CLASSIFICATION BY THE CERTIFYING AGENCY :

- | | |
|--------------------------------|--|
| () AFRICAN AMERICAN (AA) | () HISPANIC AMERICAN (HA) |
| () NATIVE AMERICAN (NA) | () ASIAN-PACIFIC AMERICAN (AP) |
| () ASIAN-INDIAN AMERICAN (AI) | () WOMEN-OWNED BUSINESS ENTERPRISE (WF) |
| () OTHER (PLEASE SPECIFY): | _____ |

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B. PLEASE INDICATE BY WHOM YOUR COMPANY HAS BEEN CERTIFIED AND ATTACH CERTIFICATION(S) AND

DOCUMENTATION (IF APPLICABLE):

(1) CERTIFYING AGENCY:	_____
CERTIFYING TYPE:	_____
CERTIFICATE NUMBER:	_____
EXPIRATION DATE:	_____
(2) CERTIFYING AGENCY:	_____
CERTIFYING TYPE:	_____
CERTIFICATE NUMBER:	_____
EXPIRATION DATE:	_____
(3) CERTIFYING AGENCY:	_____
CERTIFYING TYPE:	_____
CERTIFICATE NUMBER:	_____
EXPIRATION DATE:	_____

C. NAME OF PRINCIPLE 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.

16. ARE ANY CURRENTLY EMPLOYED SOUTH JERSEY INDUSTRIES OR SUBSIDIARIES' EMPLOYEES AFFILIATED WITH YOUR BUSINESS?: () No

() Yes INDIVIDUAL(S) NAME(S): _____
