SUPPLIER INFORMATION FORM

PLEASE TYPE OR PRINT CLEARLY:

Company Name: ________________________________________

Address: ____________________________________________

_________________________________________________________________________________________

Telephone #: ( ) __________ Fax#: ( ) __________

Website: ____________________________________________

COMPANY PROFILE:

Gross Annual Sales: ______________ # of Employees: ______________

# of Years in Business: __________ Value of Current Inventory: __________

Warranty Depot Address: _____________________________________________

Cash Discount Terms: ________________________________________________

Authorized Dealer for the following products: ______________________________

_______________________________________________________________________________

KEY REPRESENTATIVE (S):

Name: ___________________________ Position: ____________________________

Telephone #: ( ) __________ Fax#: ( ) __________

Email Address: _________________________________________________________

Name: ___________________________ Position: ____________________________

Telephone #: ( ) __________ Fax#: ( ) __________

Email Address: _________________________________________________________

QUOTES/TENDERS/PROPOSALS MUST BE SENT TO:

Company Name: ________________________________________________

Address: _________________________________________________________

_________________________________________________________________________________________

Contact Name: _____________________________________________________

Purchase Orders must be faxed to: ______________________________________

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Revised February 23, 2010
SUPPLIER INFORMATION FORM

INVOICE PAYMENT MUST BE MADE TO:

Company Name:________________________________________________________

Address: ______________________________________________________________

Contact Name: __________________________________________________________

REFERENCES:

Provide (3) three references for companies that are similar or like organizations to the School District for which your company has provided within the last year, the product(s) and/or service(s) listed below:

Company Name: _________________________________________________________

Contact Person ___________________________ Telephone #: ( ) ____________

Company Name: _________________________________________________________

Contact Person ___________________________ Telephone #: ( ) ____________

Company Name: _________________________________________________________

Contact Person ___________________________ Telephone #: ( ) ____________

**PRODUCTS AND/OR SERVICES DESCRIPTION**

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<tr>
<th>Products or Services</th>
<th>Detailed Description include Brands</th>
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Please complete the above information and attach any pertinent brochures/literature and email or fax to:

**Purchasing Services, Board of Education of School District #61 (Greater Victoria)**

556 Boleskine Road, Victoria, B. C. V8Z 1E8

Fax #: (250) 475-6161

Email: purchasing@sd61.bc.ca