

***Irvine Ranch Water District  
Supplier Assessment Information Sheet***

Type or **Print legibly** information or **highlight** the lined area and type in your information

***Section I. Business Information***

Company Name: _____	
DBA: _____	
Street Address: _____	
City, State, Zip Code: _____	
Telephone Number: (    ) _____	Fax Number: (    ) _____
Contact Name and Title: _____	
Contact Telephone No. /Ext.: (    ) _____	E-mail Address: _____
Federal Tax ID Number: _____	
Business Type: <input type="checkbox"/> Broker <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service <input type="checkbox"/> Distributor <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Dealer	
Year Company Established: _____	Business/Contractors License Number: _____
State License Issued In: _____	Total Number of Employees: _____

***Section II. Product/Service Information***

What is principal product(s)? _____ _____	
Is your company ISO 9000 certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do test certifications accompany your products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your company's warranty and repair procedures? _____ _____	
Do you have engineering, testing or repair service facilities available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Location: _____	
Does your company have an after hours/holiday standby program for customer emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
After Hours/Emergency Phone No.: (    ) _____	Cell Phone: (    ) _____
Do you pay your employees and/or sub-contractors prevailing wage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your process in notifying customers of back orders? _____	
What form of payment method do you accept?	<input type="checkbox"/> Purchase Order <input type="checkbox"/> Procurement Card

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**Section III. e-Business Readiness**

Do you currently have a web site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Website: _____
Do you have an online catalog? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can/Do you sell your products/services online? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section IV. Customer References (Three are required) Note: This is NOT credit references**

Company Name: _____
Address: _____
Telephone No.: ( ) _____ Fax Number: ( ) _____
Contact Name: _____ e-mail address: _____
Company Name: _____
Address: _____
Telephone No.: ( ) _____ Fax Number: ( ) _____
Contact Name: _____ e-mail address: _____
Company Name: _____
Address: _____
Telephone No.: ( ) _____ Fax Number: ( ) _____
Contact Name: _____ e-mail address: _____

**Fax to (949) 476-8528      Attention: Audrey Wells      By email: Wellsa@irwd.com**

**Section V. IRWD USE ONLY**

Date Received: _____	Date Reviewed: _____
<input type="checkbox"/> Using Departments consulted	
<input type="checkbox"/> Proceed to Reference Check	
Buyer Assigned: _____	
<input type="checkbox"/> Accepted	
<input type="checkbox"/> Declined	Reason: _____
<input type="checkbox"/> Notification to Supplier	