

***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:(888) 698-3844 Attention: Audrey Wells By email:PurchasingDept@irwd.com

Section V.

<p>NOTE: Please make sure to submit all required and requested documents in a timely manner to avoid your application from being rejected for non-responsive. Once your company gets rejected for the following reasons, you will not be eligible to resubmit your application for a 6 month period.</p> <p>Examples are as follows:</p> <ul style="list-style-type: none">* Not providing completed Supplier Assessment Information Sheet ie: customer references (it is imperative that you verify your customer reference information before you submit it to us)* Not registering on our E-Purchasing Website* Not providing a copy of your current Business License and W-9 Form
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