

INDUSTRIAL VENDOR PROFILE FORM

ECHELON USE ONLY	
Assigned Vendor #	
Designate Initial	
Date	

Business Information

1	Business Name		
2	Business Address (Billing)	Country:	Phone #:
3	Website		
4	Year Established		Federal Tax ID #:
5	Organizational Structure	Corporation:	Sole Proprietorship: Partnership: LLC:
6	Parent Company		
7	Type of Organization	Manufacturing:	Service: Staffing/Temp Agency:
		Distribution:	Financial: Insurance:
		Logistics:	Utility: Other:
8	Describe the nature of products/services provided:		
	Country services/work to be performed:		
9	Principals/Officers of Company:	Sales Manager:	Accts Receivable Mgr:
		Quality Manager:	Customer Service Mgr:
10	Does your insurance coverage meet Echelon's requirement?	Yes	No
General Commercial Liability with JGB listed as additionally insured, Min \$2,000,000 per occurrence. Please attach cert.			
11	Do you have a registered and certified ISO 9001:2015 Quality Assurance Program?		
12	If not, do you have a compliant ISO 9001:2015 Quality Assurance Program?		

Account Information

13	Proposed payment term:			* Wire transfers for overseas accounts only. * Wire transfers attach bank info.
14	Proposed freight term:			
15	Accounts Receivable Contact:	NAME:	PHONE NUMBER:	EMAIL:
16	Payment Remittance Address:			

Vendor Authorized Representative's Acknowledgement

By signing below, you acknowledge that the information provided on this form is correct.			
Type Name Here:		Date:	
Signature:		W-9 Included:	
Title:			
Phone:		Email:	

