



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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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

Products or Services	Detailed Description include Brands
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____

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