Supplier Profile Form

All new suppliers must be qualified **prior to** any purchases being made. Please complete the following form and email to purchasingdept@thompsontractor.com. Once qualified, you will receive notification from the purchasing department. Do not accept any orders or perform any services prior to this notification. Please make note of the following policies which have been established with regard to our suppliers:

- All purchases must reference a valid Thompson Tractor Company, Inc. purchase order (PO) number or Purchase Agreement number. A valid PO must follow the format PONNNNNN. A valid Purchase Agreement must follow the format PAGRNNNNNN. NNNNNN=system generated number. All shipments –must reference - a valid P.O. or Agreement number on the shipping label and packing slip.
- All invoices must reference the P.O. or Agreement Number.
- Purchase Order Terms and Conditions are posted on our website www.thompsontractor.com
- All shipments shall be FOB-Destination. When shipping costs are necessary we require using our UPS Account, where applicable.
- Invoices should be submitted to apinvoices@thompsontractor.com.

Invoices must include the following mandatory information:

1. Purchase Order number, or Purchase Agreement number when referring to a blanket order.
2. Invoice Number
3. Quantity, Description, and Price by line item
4. Labor, Material Costs and Freight Charges as applicable, Separated
5. Remit to Address
6. Taxes (if applicable)
7. Shipping Address

FAILURE TO ADHERE TO THE ABOVE POLICIES WILL DELAY OR DENY PAYMENT FOR PRODUCTS OR SERVICES PROVIDED.

Company Name: _____

Website Address: _____

Preferred method for receiving Purchase Orders Email ____ Fax _____

Email Address _____ Fax Number _____

Service or Products provided by your company _____

Provide the name of your contact person at Thompson Tractor: _____

DUNS Number _____ NAICS Code _____

Number of Employees _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Remit To Address: _____

City: _____ State: _____ Zip Code: _____

AR Contact Person: _____

AR Contact Telephone #:_____ Fax #:_____

AR Contact E-mail Address: _____

Payment Terms: N 30 or greater

Sales Contact Name & Title: _____

Sales Contact Phone: _____ Cell: _____

Sales Contact Fax: _____

Sales Contact E-mail: _____

BUSINESS CLASSIFICATIONS – select all that apply and provide appropriate certificates

□ Small Business Concern
□ SBA Certified Small Disadvantaged Business Concern
□ Self Certified Small Disadvantaged Business Concern
□ Women Business Enterprise (WBE)
□ SBA Certified Hubzone Small Business Concern
□ Veteran Owned Small Business
□ Service Disabled Veteran Owned Small Business
□ Economically Disadvantaged Women Owned Small Business
□ Minority Business Enterprise (i.e. African American, Hispanic American, Native American, etc.) – please specify
_____
□ Foreign Business Concern
□ Large Business Concern
□ Government Agency

IF YOU ARE A SERVICE PROVIDER, WE REQUIRE A COI MEETING THE FOLLOWING MINIMUM REQUIREMENTS:

Commercial General Liability (Occurrence Form)

General Aggregate (other than Prod/Comp Ops Liability)	$1,000,000
Products/Completed Operations Aggregate	$1,000,000
Personal & Advertising Injury Liability	$1,000,000
Each Occurrence	$1,000,000

Additional Provisions:

Thompson Tractor Company Inc., named as Additional Insured,
P.O Box 10367 Birmingham, Al 35202-0367

Workers' Compensation and Employer's Liability

Workers' Compensation	State Statutory Limits
Employer's Liability	
Bodily Injury by Accident	$100,000 each accident
Bodily Injury by Disease	$500,000 policy limit
Bodily Injury by Disease	$100,000 each employee

Automobile Liability

All Autos	$1,000,000 each accident

Umbrella Liability

Each Occurrence	$1,000,000
Aggregate	$1,000,000

The above coverage must be placed with an insurance company with an A.M. Best rating of A-:VII or better.

** Submit a copy of your W-9 with this paperwork **

ACH PAYMENT REQUEST FORM:

Please allow Thompson to pay you by electronic funds transfer (EFT) direct deposit to your bank account using ACH rules. All your company has to do is to fill out the banking information below. This information is found on your check. Data must match exactly, including leading zeroes, if any. Thompson will email or fax you the remittance information the day of payment. Funds will hit your bank the following business day.

Your Financial Institution Information ***Important!!! Please attach a voided check with the bank routing and account information or carefully enter the routing and bank account information below.***

Routing Transit/ABA #:_____ Account#: _____

Account Type (Checking, Savings or Depository) :_____

Account Name:_____

Bank Name & Address:_____

Bank Telephone Number:_____

City: _____State: _____Zip Code:_____

The undersigned Vendor hereby authorizes Thompson Tractor Co., Inc. to deposit funds into the above account at the bank named above.

VENDOR NAME: _____

Authorized Signature: _____

Title: _____ Date:_____

E-mail Address: _____
(To be used to notify you of remittance information if using the electronic payment option)