

# WELLESLEY COLLEGE

## Prospective Supplier Form

Return completed form to: suppliers@wellesley.edu

WELLESLEY COLLEGE

ATTN: PURCHASING DEPARTMENT

106 CENTRAL STREET

WELLESLEY, MA 02481

### COMPANY INFORMATION

Company Name:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Website Address:

Year Business Established:

No. Full Time Employees:

Consortia Affiliation:

E&I

MHEC

Other

### CONTACT INFORMATION

Contact Name:

Contact Title:

Contact Email Address:

### DIVERSITY INFORMATION

Business Type:

Minority-Owned

Women-Owned

Veteran-Owned

LGBTQ-Owned

Disability-Owned

Other

Ethnic Group: (If Applicable)

Is your company certified as MBE, WBE, VBE, NGLCC or government agency? (If yes, please provide copy of certification)

Yes

No

### SUSTAINABILITY INFORMATION

Is your company certified as a B-Corporation? (If yes, please provide copy of certification)

Yes

No

**BUSINESS INFORMATION**

Why do you want to do business with Wellesley College?

Products or Services: (Please include or attach pertinent information)

Describe the competitive advantage of your company's products or services:

Are there any other considerations to take into account when reviewing your company?

**REFERENCES**

Do you currently provide service to any other other Higher Education institution:  Yes  No

Please list three institutions or organizations you have worked with in the last three years.

1. Organization Name and Contact Information:

2. Organization Name and Contact Information:

3. Organization Name and Contact information:

**I ATTEST THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND COMPLETE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name \_\_\_\_\_ Email: \_\_\_\_\_