



SUPPLIER QUALIFICATION FORM

Procurement Services
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63284-9/15

This form must be completed by all suppliers interested in obtaining acceptance as an approved supplier of Hofstra University. This form shall be updated periodically to maintain an Approved Supplier Status.

Section I. Supplier Information

Supplier Name: _____
Supplier Address: _____

Billing Address: (If different from above)

Business Telephone Number: () _____
Alternate Business Telephone Number: () _____
Business Fax Number: () _____
Business Email Address: _____

Supplier Representatives:

Name: _____ Title: _____
Telephone Number: () _____ Cell: () _____
Email Address: _____

Name: _____ Title: _____
Telephone Number: () _____ Cell: () _____
Email Address: _____

Accounts Receivable Representative:

Name: _____ Title: _____
Telephone Number: () _____ Cell: () _____
Email Address: _____

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Section II. Supplier References

Type of Product/Service: _____

Provide five (5) references for the last two years:

1) Customer Name: _____

Contact Name/Title: _____

Contact Telephone: (_____) _____

2) Customer Name: _____

Contact Name/Title: _____

Contact Telephone: (_____) _____

3) Customer Name: _____

Contact Name/Title: _____

Contact Telephone: (_____) _____

4) Customer Name: _____

Contact Name/Title: _____

Contact Telephone: (_____) _____

5) Customer Name: _____

Contact Name/Title: _____

Contact Telephone: (_____) _____

Federal Tax ID: _____

Dun and Bradstreet Number: _____

Payment Terms: _____

Discount to Payment Terms: _____

Annual Sales for the past three years:

Year _____

Year _____

Year _____

Number of Years in Business: _____

Business Classification: Minority owned Women owned Hub Zone
 Disadvantaged Veteran owned Small Business

