

## **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](mailto: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](http://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](mailto: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: \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Small Business Concern                              | <input type="checkbox"/> Economically Disadvantaged Women Owned Small Business   |
| <input type="checkbox"/> SBA Certified Small Disadvantaged Business Concern  | <input type="checkbox"/> Minority Business Enterprise (i.e. African American, Hispanic American, Native American, etc.) – please specify _____ |
| <input type="checkbox"/> Self Certified Small Disadvantaged Business Concern |  |
| <input type="checkbox"/> Women Business Enterprise (WBE)                     | <input type="checkbox"/> Foreign Business Concern  |
| <input type="checkbox"/> SBA Certified Hubzone Small Business Concern        | <input type="checkbox"/> Large Business Concern  |
| <input type="checkbox"/> Veteran Owned Small Business                        | <input type="checkbox"/> Government Agency   |
| <input type="checkbox"/> Service Disabled Veteran Owned Small Business       |  |

**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 Employer's Liability	State Statutory Limits
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)