



SUPPLIER PROFILE QUESTIONNAIRE
MMC CONFIDENTIAL
 (PLEASE PRINT)

Fill out and Fax to 973.257.3330

Today's Date / /

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ www _____

Company Contact _____ Title _____ email _____

Company Enclosed are complete business classification definitions as defined by the Small Business Administration. Please Classification complete the following section based on those definitions. If you are unsure about your company's status, contact the nearest U.S. Small Business Administration Office (SBA) for guidance.

____ Large Business ____ Small Business ____ 8(a) ____ Foreign-Owned ____ Non-Profit

NAICS Code North American Industrial Classification System – if your business is classified as small, please list your U.S. SBA Small Business Code(s). Please list no more than four in order of priority.

NAICS Codes _____, _____, _____, _____

Ownership Status of Business A minority firm must be at least 51% owned, controlled, and operated on a daily basis by socially and economically disadvantaged individuals. A women-owned firm must be at least 51% owned by a woman or women who control and operate the business on a daily basis.

____ Women Owned ____ Minority Women Owned ____ Minority Owned ____ Non Minority Owned ____ Handicapped Organization ____ Veteran Owned

Citizenship Is the owner of the firm a U.S. Citizen? ____ Yes ____ No Official Residence of Owner:
 Address: _____ City: _____ State: _____

Principal Officers If business is minority, minority-woman owned, or economically disadvantaged, it is mandatory that you complete the following information for all principal officers of the company. Please indicate ethnicity as listed below, or specify other.

BA – Black American AP – Asian Pacific American NA – Native American (American Indian, Aleuts, Eskimos, Hawaiians)
 HA - Hispanic American SA – Subcontinent Asian American NM - Non Minority

	Name	Ethnicity	Ownership	Male/Female
Chair				
President				
Vice President				
Secretary				
Treasurer				
Other				

Ethnic Institution Check if one of the following applies: Minority Institution Historically Black College or University

Business Structure ____ Corporation ____ (If Corporation, is it: ____ Publicly Held? ____ Privately Held?)
 ____ Division ____ Franchise ____ Joint Venture ____ Partnership ____ Subsidiary ____ Sole Proprietor

Parent Company: _____

Type of Business ____ Building/Grounds ____ Carrier/Transportation ____ Construction Contractor ____ Contract Mfg ____ Manufacturing

Number Order ____ Dealer/Distributor ____ Personnel/Staffing ____ Professional Services ____ Professional Administration – Acct. Legal

of Priority ____ Retail/Resale ____ VAB/VAR(Value Added Business/Reseller) ____ Other (Describe): _____

Principal Products Describe briefly (provide KEY information):
and Service _____



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Service Location Nationwide West South-West Mid-West East Mid-Atlantic South
 International

Other Information What unique products or services do you offer that differentiates you from your competition? Also, note any additional information of which MMC should be aware.

General Business Information Year Business Established: _____ Total number of employees: _____ Total minority employees: _____

Has this business ever operated under another name?

If yes, please list the previous name of the business and years of operation?

Previous business name: _____

Address: _____

Approximate business period: From _____ To _____

Counties of Service – Specific Towns _____ Service Performed _____

Number of Supervisors _____

Do you have a Quality Control Plan _____ (If yes please attach a copy for MMC review)

Years of Service _____ Avg. Sales (last 3 years) _____ Duns # _____

Average monthly receivables for your company _____ Are you willing to be a franchise _____

What type of work are you looking for at MMC? Retail Locations _____ Office Buildings _____

Other References Please list all major customers that you do business with on a regular basis (attach a list if necessary).

Company	Contact	Phone Number

Certifications For those businesses classified as minority, women, economically disadvantaged, or disabled-veteran ownership, MMC requires certification by one or more of the following councils/agencies.

National Minority Supplier Development Council Certifications (NMSDC): Please list the certifying regional minority supplier development councils below.

Council	Number	Date of Expiration



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Federal / State / Municipal / Other Certifications: Complete the applicable information for the government agencies, which have certified the size and ownership of your company. Such agencies include the Small Business Administration. State Department of Transportation. Port Authorities. City Transit Agencies, etc. If you are not registered, MMC recommends registering through the SBA at www.pro-net.sba.gov.

	Agency	Number	Date of Expiration
Federal			
State			
Municipal			
Other			

Company Office **MMC reserves the right to request verification of the information contained in this questionnaire. Please have an**
Signature **officer of the company sign the completed questionnaire.**

Company Officer
(print name) _____

Title: _____

Phone: _____

Signature: _____ Date: / /