



6.7 SUPPLIER FINANCIAL EVALUATION FORM

Date of Request: _____

Supplier Name: _____
Address: _____
City _____ State _____ Zip _____
Phone #: _____
Fax #: _____
Contact Person: _____

Trade References (3):
Company Name: _____
Address _____
City _____ State _____ Zip _____
Contact Name _____ Phone _____
Company Name: _____
Address _____
City _____ State _____ Zip _____
Contact Name _____ Phone _____
Company Name: _____
Address _____
City _____ State _____ Zip _____
Contact Name _____ Phone _____

Bank Reference:
Bank Name: _____
Address _____
City _____ State _____ Zip _____
Contact Name _____ Phone _____
Account Number _____

Federal or Tax _____

Type of Business Circle One:
Corporation Partnership Sole Proprietor LLC Other: _____

Dunn and Bradstreet:
Number _____
Related Companies and Subsidiaries: ___ Yes, If Yes complete below ___ No
Company Name: _____
Address _____
City _____ State _____ Zip _____
Contact Name _____ Phone _____
Years in Business _____ yrs
Officers: _____

Supplier Financial Evaluation Form (Page 2)

Corporate parent _____

Subsidiaries _____

Principle executives/owners:

- President _____
- CFO _____
- Owners _____

Financial reports available and attached? y/n ()

Previous debit balance write-offs? y/n ()

Finance Statement Review:

- Short-term liabilities covered by available cash sources? y/n ()
- Generating positive cash flow from operations? y/n ()
- Positive profit trend ? y/n ()
- Review any available financial or industry reports on the web that could reveal the true longevity of the company:
 - Source: _____
Notes: _____
 - Source: _____
Notes: _____
 - Source: _____
Notes: _____

Report to Category Management if the supplier is at risk.

Recommended Action:

- Approve ()
- Hold All Payments ()
- Hold Payments () \$ _____
- Do Not Use Supplier ()
- Reason: _____

Other Notes:
