

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

## Company Profile:

Gross annual sales: \_\_\_\_\_ # of employees: \_\_\_\_\_

Value of Current Inventory: \_\_\_\_\_ # of Years in Business: \_\_\_\_\_

WCB #: \_\_\_\_\_ Company Liability Insurance  Yes  No

Warranty Depot Address: \_\_\_\_\_

Cash Discount Terms: \_\_\_\_\_

Authorized Dealer for the Following Products: \_\_\_\_\_

## Key Representative(s):

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Quotes/Tenders/Proposals Must be Sent To: (if different to above)

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Purchase Orders Must be Faxed to: \_\_\_\_\_

**Invoice Payments Must be Made To: (if different to above)**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**References:**

Provide (3) three references for companies that are similar to organizations like the Vancouver Island Regional Library, for which your company has provided product(s) and/or services within the last year. Please list these products below:

Company Name: _____	
Contact Person: _____	Telephone: _____
Email Address: _____	

Company Name: _____	
Contact Person: _____	Telephone: _____
Email Address: _____	

Company Name: _____	
Contact Person: _____	Telephone: _____
Email Address: _____	

**Products and/or Services Description:**

Products or Services	Detailed Description, including Brands
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please complete the above information and attach any pertinent brochures/literature and email or fax to:

Purchasing Department, Vancouver Island Regional Library,  
Central Services, 6250 Hammond Bay Road, Nanaimo, BC V9T 6M9  
Fax: (250) 729-2334 Email: purchaser@virl.bc.ca