



SUPPLIER INQUIRY DATA SHEET

Company Information

Name:

D&B #	Tax ID #:	Other Financial Designation:
Phone::	Fax:	Toll Free #:
Billing address:		
City:	State:	Zip Code:
Physical address:		
City:	State:	Zip Code:
Website:		
Name of Primary Contact:		Email:
		Phone:

Year in which your company was founded:

Is your company a proprietorship, partnership or corporation?

Company Background

Please provide a general description of your organization, including relevant information about your current work in corporate relocation:

The following are specific product/service categories. To better understand how your organization could potentially services our clients, please check only those that apply.

<input type="checkbox"/> Appraisers Auto <input type="checkbox"/> Carriers Auto <input type="checkbox"/> Services Banking <input type="checkbox"/> Services <input type="checkbox"/> Candidate Travel Assistance <input type="checkbox"/> Corporate Housing <input type="checkbox"/> Cross Cultural Training <input type="checkbox"/> Destination Services <input type="checkbox"/> Education Services <input type="checkbox"/> Expense Management <input type="checkbox"/> Furniture Rental <input type="checkbox"/> Home Rental Services <input type="checkbox"/> Home Sale Services	<input type="checkbox"/> Inspection Services <input type="checkbox"/> Insurance Services <input type="checkbox"/> Language Training <input type="checkbox"/> Lump Sum Counselling <input type="checkbox"/> Moving Services <input type="checkbox"/> Partner Assistance <input type="checkbox"/> Pet Transportation <input type="checkbox"/> Repatriation <input type="checkbox"/> Real Estate Brokers <input type="checkbox"/> Real Estate Solicitor Services <input type="checkbox"/> Settlement Services <input type="checkbox"/> Tax Gross-up/Year-end <input type="checkbox"/> Third Party Specialty Services	<input type="checkbox"/> Visa & Immigration Services Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Provide your gross sales through 3 rd -party Relocation Management Companies for the past three years?	2015: \$	2016: \$	2017: \$
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Operations

Does your company have the infrastructure in place today to comply with the following (enter “yes” or “no”). If “yes,” enter the number of representatives as appropriate.

	Yes/No	# of reps you would assign as a preferred supplier of CapRelo
Provide a dedicated 800 phone number for customer’s questions or concerns?	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Provide solely dedicated customer service, trouble shooting and repair representatives?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Provide dedicated staffing to process billing for a variety of client organizations and tenants alike?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Provide dedicated representation to manage reporting requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Provide web-site and electronic material that present your organization’s value-proposition and available units to be used in sales, marketing and informational vehicles?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

List two (2) primary 3rd party Relocation Services Companies you currently work with:

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Reporting Requirements

Please describe your willingness to supply the data listed below:

Field ID	Name	Length	Format	Yes/No
FLD1	Begin Usage Date	8	Mmddyyyy	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLD2	End Usage Date	8	Mmddyyyy	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLD3	Customer Number	20	Alphanumeric	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLD4	Customer Name	40	Alphanumeric	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLD5	Customer Address	30	Alphanumeric	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLD6	Customer Address 2	30	Alphanumeric	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLD7	Customer City	15	Alphanumeric	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLD8	Customer State	2	Alphanumeric	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLD9	Customer Zip Code	5	Alphanumeric	<input type="checkbox"/> YES <input type="checkbox"/> NO

General Liability Insurance Information

Carrier:	
Policy Number:	Amount of Coverage:



Affiliations

List Memberships, Designations, Accreditations and Certifications :

References

Please list your top three customer references, including contact name/number and the relocation volume you provided:

Company name	Contact name/phone #	Description of the services provided	Annual sales volume

Acknowledgement of Performance Metrics Signatures

Status is determined by: Transferee Evaluation, CapRelo staff evaluation, and performance metrics such as timeliness, accuracy, responsiveness. ***Please attach any relevant supplemental information and email to suppliers@caprelo.com.***

Signature:

Date:



Diversity Acknowledgement

SUPPLIER BUSINESS CONCERN CLASSIFICATION

Company Name:			
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		

CERTIFICATION TO MEET THE FEDERAL GOVERNMENT'S DEFINITION OF A SMALL BUSINESS/DIVERSITY SUPPLIERS

The following information is required to be a small business according to SBA rules;

- Is a For Profit Company.
- Has a place of business in the U.S.
- Operates primarily in the U.S.
- Is independently owned and operated.
- Is not dominant in industry or national scale.
- Must pass size standard guidelines determined by the SBA. Based on NAICS code, the company either has;
 - A 3 year average of annual receipts/revenue less than determined limits or,
 - The company has less than a certain number of employees.

**Please refer to the NAICS standards available at <https://www.sba.gov/tools/size-standards-tool>.*

Please check all business classifications applicable to your company:

<input type="checkbox"/> LARGE BUSINESS CONCERNS
<input type="checkbox"/> SMALL BUSINESS CONCERNS
<input type="checkbox"/> SMALL DISADVANTAGE BUSINESS (SDB) CONCERNS
<input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS
<input type="checkbox"/> HISTORICALLY BLACK COLLEGES AND UNIVERSITIEWS (HBCU) AND MINORITY INSTITUTIONS (MI)
<input type="checkbox"/> HUBZone SMALL BUSINESS (HUBZone SB) CONCERNS
<input type="checkbox"/> VETERAN-OWNED SMALL BUSINESS CONCERNS
<input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS
<input type="checkbox"/> ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT HAVE NOT BEEN CERTIFIED BY THE SMALL BUSINESS ADMINISTRATION AS SMALL DISADVANTAGED BUSINESSES
<input type="checkbox"/> ALASKA NATIVE COPORATIONS (ANCs) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES
<input type="checkbox"/> I certify that the above information provided is true, accurate and complete.

Printed Name:	Date:
Please return completed forms to: <i>If submitting via email, please scan a signed copy of the form into PDF file or other image file, or complete in Adobe Acrobat and sign using digital signature tool.</i>	
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