



PARAMOUNT PROGRAMS

VENDOR APPLICATION

For consideration as a Paramount Programs Partner Company, please compile the following information and e-mail it to our Contracts Department at Admin@paramountprograms.com

Section I: Organization Information

Name of Organization		
Corporate Headquarters Address		
City, State, Zip Code		
Web Address		
Primary Contact Person and Title (if there is a secondary, please list here as well)		
Email Address	Phone	Fax
	Cell	
Person Signing Contract		
Email Address	Phone	Fax
	Cell	

Section II: Organization Profile (Please answer on a separate sheet of paper if more room is required)

<p>1. Provide a brief history and description of your company.</p> <p>a. Total number and location of sales persons employed by Proposer</p> <p>b. Number and location of distribution outlets, if applicable</p> <p>c. Number and location of support centers, if applicable</p> <p>d. Estimated annual sales for 2004 and 2005</p> <p>e. Number and location of retail stores, as applicable</p>
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2. Describe your company's internal management system for processing orders from point of customer contact through delivery and billing. Please state:

a. If your Internet ordering system is OBI (open buying on the internet) compatible

b. If you use a single system or platform for all phases of the ordering, processing, delivery and billing.

3. Describe the nature of all of your business operations (e.g., major business lines, major markets served).

4. Identify and describe all of your operating units, subsidiaries, and affiliated companies that would be relevant to the servicing of Paramount clients.

5. Do you currently participate in an Association Member Benefit Program? If yes, which one(s)? In addition, explain your tracking system and the steps in recognizing membership and applying the available discount.

6. Describe your company's ability to electronically report quarterly sales and provide detailed management reporting to a participating agency.

7. Describe your company's delivery capabilities to all Paramount clients locally, within your state, region, and/or the United States (including Alaska and Hawaii).

8. Please list current customers who are familiar with your products/services.

9. Outline your company's proposed account management and customer service representative teams to support Paramount. An essential.

10. Does your business currently have a workplace diversity program? If yes, please describe the program.

11. Outline your company's proposed account management and customer service representative teams to support Paramount clients.

12. Please describe your company's electronic commerce capabilities, including web sites, if any, and Internet ordering capabilities.

13. Please describe the extent to which your company or its employees are involved with "Green" or "Leed" certification.

14. Please describe any relevant “value added” services your company provides that we should consider in the evaluation process.

15. Describe any service or quality awards that your company has received from customers.

16. Does your organization require a Group Designation Form, Letter of Commitment, or similar document to be executed by the individual member prior to accessing the contract?

17. If your answer to question 16 is in the affirmative, would your organization accept said document electronically?

Organization Name	Contact Name	Phone/Email

Section III: Products/Services Information

1. If approved, what products/services will be under contract with Paramount Programs? (Please list in the table below or attach. For more lines, please set cursor to the far right, outside the table and hit the return key or attach your own price sheet.)			
Product/Service Description	Minimum Order Qty.	Retail Pricing	Paramount Pricing
2. Please attach proposed pricing for Paramount Programs and include Paramount discount.			
3. Does the proposed price structure identified in question 2 above reflect the lowest price structure your organization currently offers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Does your organization have the ability to ship products/services nationally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Does your organization require a minimum order on products/services sold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If the Contract Review Team determines your company to be a good fit with Paramount Programs' mission and purpose, you will be sent a Partner Company Welcome Packet that outlines the vendor integration process. If the Contract Review Team determines that your company is not a good fit, someone from our contract management office will contact you personally to discuss other options. Thanks again for your interest!

Paramount Programs
<http://www.paramountprograms.com/>
Admin@paramountprograms.com

FOR OFFICE USE ONLY: Approved <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____ Date: _____
