



# New Vendor Questionnaire

Please fill out and email this form to inquire about becoming a VIP Digital Solutions & Family Memories to DVD customer.

## Company Information

<b>Company:</b> _____	<b>Established Date:</b> ____/____/____
<b>Address:</b> _____	<b>Tax ID #:</b> _____
<b>City / State / Zip:</b> _____	<b># of Full-Time Employees:</b> _____
<b>Telephone:</b> ( ____ ) ____ - _____	<b># of Part-Time Employees:</b> _____
<b>Fax:</b> ( ____ ) ____ - _____	<b>Sales Contact:</b> _____
<b>Email Address:</b> _____	<b>Website URL:</b> http:// _____

## Company Background

**Type** (check all that apply):

**Ownership** (check all that apply):

Represented by Broker: Yes / No	Sole Proprietor: Yes / No
Manufacturer: Yes / No	Corporation: Yes / No
Distributor: Yes / No	Partnership: Yes / No
Service Provider: Yes / No	Owned: Publicly / Privately

**Do you certify that the next 3 statements are all true: Yes / No**

- \* Forced labor, or illegal child labor is not, and will not be, used in your workplace.
- \* OSHA and other safety standards are met in your place of business, if applicable.
- \* Your company is in compliance with government regulations, where applicable, pertaining to your line of work.

## Product Copyright / Insurance / Volume

- \* Are there any copyright and/or safety issues associated with your media? Yes / No
- \* Does your company have liability insurance? : Yes/ No
- \* Insurance Company: \_\_\_\_\_ Amount: \_\_\_\_\_
- \* What is the estimated volume of media we will receive monthly? : \_\_\_\_\_

**Please list your company's top 5 current accounts:**

	Name:	City / State / Zip:	Monthly Volume (in Units)
1			
2			
3			
4			
5			

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## Non-VIP Digital Solutions / Family Memories References:

Corporation Name:	City / State / Zip:	Contact & Position Title	Phone #

## Company Description

Please explain, briefly, how you would be utilizing our services. Include the types of media you would send us as well as the type of business you conduct.

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## Your Verification

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

Date: \_\_\_\_\_

Certified By: \_\_\_\_\_

Employment Title: \_\_\_\_\_

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

Thank you for your cooperation in completing this questionnaire. We appreciate your interest and will contact you after we have reviewed your proposal. All information supplied to us will be kept confidential. Please do not submit this questionnaire without including a brochure, website, and other information that will help us get a better understanding of the type of business you perform. Thank you.