Dear Vendor:

As part of our effort to keep our Vendor Database current, we are requesting you complete this Contractor Profile. If you have completed this form and returned it to Boston College within the last 12 months, please disregard. However, if it is over that period or if you are unsure, please review this letter and submit the information requested.

Please furnish all requested information on the Profile form as well as the following:

- include a current time and material hourly rate summary (differentiate between day, night, weekend, holiday)
- current certificate of insurance
- copy of your most recent audited financials or other available financial reports
- list of references

Once complete, please return to the address listed below.

Boston College
Procurement Services Department
140 Comm Ave
St. Clement’s Hall
Room 008 B
Chestnut Hill, MA 02467

Should you have any questions regarding this form, please feel free to contact me at (617) 552-0319.

Sincerely,

William P. Corcoran, Sr.
Associate Director of Procurement Services

Enc.
CONTRACTOR PROFILE FORM

Company’s Primary Service: __________________________________________

- Name of Company ______________________________________________
- Full Company Address: _________________________________________

- Phone number _____________________________________________
- Fax number ________________________________________________
- Email address ________________________________________________
- Contact person(s): __________________________________________

General Information:

- Average number of Employees Office Field
- Union Shop Open Shop Non-Union Shop MBE WBE
- Trades Represented in Full-Time Staff

Financial Data:

* Copy of your most recent audited financials or other available financial reports must accompany this profile.

- Current Capacity of Bonding
- Minimum Contract Company Would Consider
- Maximum Contract Company is Able to Handle

List of the Five (5) Largest Contracts Performed by your Firm, Dollar Amounts, Name of the Individual Contracted with:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

List Five Performance References

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

*Include a current time and material hourly rate summary

*Current certificate of insurance.

*List of references
Authorization Form for Direct Deposit for Boston College Vendor Payments

Boston College has implemented Direct Deposit for Vendor Payments.

Once you are set up, all payments will be processed via direct deposit. You will receive an e-mail notification from wsadmin@bc.edu for each payment stating the amount, a brief payment description, and the estimated deposit date.

Direct Deposit Form

Vendor Information

Vender Name __________________________________________
BC Vendor # __________________________________________
Payment e-mail _________________________________________

Bank Information

Vendor Bank Account ______________________________________
ABA Routing Number ______________________________________
Bank Name _____________________________________________

Contact Information

Name ___________________________________________________
Phone _______ - ________
Fax _______ - ________

Authorization for direct deposit

I authorize Boston College to process payments directly to our bank account. I understand it is my responsibility to verify that payments issued by Boston College have been credited to my account before attempting to draw on the funds. I understand that this authorization will remain in effect until I change my account number and notify Boston College in writing by completing a Direct Deposit Enrollment/Change Form.

Signature: ________________________________ Date: ________________

Please mail this form to Boston College, Accounts Payable, 140 Commonwealth Ave, 129 Lake St, Room 200, Chestnut Hill Ma 02467 or fax to 1-617-552-0661.