



# BOSTON COLLEGE

## PROCUREMENT SERVICES DEPARTMENT

Procurement Services Department  
Facilities Management  
St. Clement's Hall

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 221 A  
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.

BOSTON COLLEGE  
Chestnut Hill, Massachusetts 02467  
Procurement Services Department  
Facilities Services

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

Vendor 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, 190 More Hall, 140 Commonwealth Ave, Chestnut Hill Ma 02467 or fax to 1-617-552-0661.**