



Supplier Profile Form

Supplier Name _____ Category _____
(01 African American, 02 Women-owned, 03 Hispanic American, 04 Native American/Indian Tribes, 05 Asian-Pacific Americans, 06 Sub-continental Asian Americans, 07 Physically Challenged, 08 Small Business)

Street Address _____ Contact Name _____
City _____ Contact Title _____
State _____ Contact Phone _____
Zip Code _____ Contact Fax _____
Toll Free Phone _____ E-Mail Address _____

Legal Type of Firm: () Corporate, () Partnership, () Sole Proprietor, () Other.

Type of product/services:

_____.

List your primary products and services:

_____.

Other products/services your company provides:

_____.

Does your company provide services to the government: () Yes, () No.

Has your company engaged in business with (GPE) Gicon Pumps & Equipment, Ltd.:() Yes, () No.

If yes, please indicate division: _____.

GPE Contact: _____

GPE Contact Phone: _____

Federal Tax ID#/SSN: _____

DUNNS #: _____

Time your firm has been in operation: _____.

Geographical Location: () Local/Regional, () National.

State of Incorporation: _____.

Division/Subsidiary/Affiliate of: _____.



Supplier Profile Form (Continued)

Total number of employees: _____.

Annual sales in last three years:	Year	Gross Receipts
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Does your company have a second tier Diversity Program: () Yes, () No.

If yes to previous question, please define:

With what agency(ies) are you certified?

Agency	Certification ID#
_____	_____
_____	_____
_____	_____

References

Company	Contact	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company	Contact	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

After you fill in the Supplier Profile questionnaire, please return it with a copy of the current certificate(s) provided by the agencies with which you are certified to:

Supplier Diversity Program
Gicon Pumps & Equipment, Ltd.
PO Box 701
Lubbock, TX. 79408
Fax to: (806) 401-8287