

Carrier Quality Assurance Questionnaire

Cole Chemical & Distributing, Inc. is currently ISO 9001 managed and operated, with over 20 years of ISO 9001 certifications. In order to comply with standards set forth in ISO, we must assess our supplier's ability to meet our subcontractor and quality requirements. This assessment includes Cole's right to audit our supplier's facility to ensure the product and/or services you provide meet both Cole's and our customer's requirements. After completing the form below please mail, or email, along with a copy of your quality manual, insurance certificate, copy of your license, bond and brochures and/or literature regarding your company to:

Cole Chemical & Distributing, Inc.
1500 S. Dairy Ashford, Suite 450
Houston, TX 77077

colechem@colechem.com

Important Note: All incoming freight bills must reference Cole Chemical's Purchase order number for processing. Any freight bills received without a Cole Chemical purchase order number will not be processed for payment without a Cole Chemical's purchase order.

Carrier Name: _____

Physical Address: _____
City State Zip

Mailing Address: _____
City State Zip

Remit To Address: _____
City State Zip

Payment Terms: _____ Federal ID #: _____
Dunns #: _____ State Tax #: _____
State: _____

Phone: (800) _____ Phone: _____
Fax: _____ Website: _____

Date Company Established: _____ Date Incorporated: _____

Contacts:
Salesman Name: _____ Phone: _____
Email: _____ Fax: _____

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Dispatch Name: _____ Phone: _____
Email: _____ Fax: _____

Emergency Contact/Phone Number: _____
Evening/weekend/holidays phone number: _____

Are you M/WBE? _____ Yes (Attach certificate and answer section below)
_____ No

If Yes, what kind of M/WBE? Woman-owned: _____
Minority-owned (ethnicity): _____

Are you ISO certified? _____ Yes (Attach certificate) _____ No

Legal Structure: _____ Individual _____ Sole Proprietorship
_____ Partnership _____ Corporation
_____ Joint Venture

Type of service offered: _____

Type of equipment offered: _____

How long have you been in business? _____

Does your company have the following programs in place? (Mark all that apply)
_____ Drug _____ Safety _____ Quality

Do you have a Quality Manual? _____ Yes (Please attach copy) _____ No

Please check the following that apply to your operation:
_____ Owner/operator _____ Broker _____ Lease equipment

Please list your MC# _____

Authority: Limited All Interstate Intrastate

List states in which you have authority & define your authority: _____

Please list the amount of insurance carrier in the following areas: **Must attach copies of certificate of insurance. (Required: \$1 million General Liability and Worker's Compensation)**

Liability insurance \$ _____
 Collision \$ _____
 Workers compensation \$ _____

Are you DOT certified and do you have the required insurance to haul hazardous materials?
 _____ Yes _____ No

Have you implemented a drug program? _____ Yes _____ No

A documented Corrective Action System exists: _____ Yes _____ No

Please list a minimum of three company references:

<u>Company</u>	<u>Contact</u>	<u>Address</u>	<u>Email</u>	<u>Phone</u>	<u>Fax</u>

******* DO NOT WRITE BELOW THIS LINE FOR INTERNAL USE ONLY *******

Approved By: _____	Date: _____
Not Approved By: _____	Date: _____
Entered in Computer By: _____	Date: _____
Date Information added to the Meeting Minutes: _____	Date: _____
Copy in Quality Questionnaire Book: _____	Date: _____
New Vendor Requirement Letter sent by: _____	Date: _____
Verify MC# & Authority (202-297-7428) _____	