**WELLESLEY COLLEGE**  
**Proactive Supplier Form**

Return completed form to: suppliers@wellesley.edu  
WELLESLEY COLLEGE  
ATTN: PURCHASING DEPARTMENT  
106 CENTRAL STREET  
WELLESLEY, MA 02481

### COMPANY INFORMATION
- **Company Name:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Phone Number:**
- **Fax Number:**
- **Website Address:**
- **Year Business Established:**
- **No. Full Time Employees:**
- **Consortia Affiliation:**  
  - [ ] E&I  
  - [ ] MHEC  
  - [ ] Other

### CONTACT INFORMATION
- **Contact Name:**
- **Contact Title:**
- **Contact Email Address:**

### DIVERSITY INFORMATION
- **Business Type:**  
  - [ ] Minority-Owned  
  - [ ] Women-Owned  
  - [ ] Veteran-Owned  
  - [ ] LGBTQ-Owned  
  - [ ] Disability-Owned  
  - [ ] Other
- **Ethnic Group:** (If Applicable)
- **Is your company certified as MBE, WBE, VBE, NGLCC or government agency? (If yes, please provide copy of certification)**  
  - [ ] Yes  
  - [ ] No

### SUSTAINABILITY INFORMATION
- **Is your company certified as a B-Corporation? (If yes, please provide copy of certification)**  
  - [ ] Yes  
  - [ ] No
BUSINESS INFORMATION

Why do you want to do business with Wellesley College?

Products or Services: (Please include or attach pertinent information)

Describe the competitive advantage of your company’s products or services:

Are there any other considerations to take into account when reviewing your company?

REFERENCES

Do you currently provide service to any other other Higher Education institution: ☐ Yes ☐ No

Please list three institutions or organizations you have worked with in the last three years.

1. Organization Name and Contact Information:

2. Organization Name and Contact Information:

3. Organization Name and Contact information:

I ATTEST THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND COMPLETE.

Signature: _________________________________ Date: _________________________________

Print Name _________________________________ Email: _________________________________