



Tube City IMS
We Create Value

Supplier Registration Request

Thank you for your interest in becoming a Tube City IMS supplier.

Please complete this application and submit it to procurement@tubecityims.com.

Supplier Registration Request will NOT be accepted if not completed in its entirety. Questions can be directed to the email address noted above.

COMPANY PROFILE:

Legal Business Name:

D/B/A:

Year Established:

Principal Officer Name:

Federal Tax ID:

D & B Number:

Ticker Symbol:

Exchange:

Employees:

Locations:

COMPANY HISTORY:

Business Type

- Distributor
- Reseller
- Partnership
- Other:

- Manufacturer
- Service provider
- Corporation

- Retailer
- Sole Proprietor
- LLC/LLP

State of Incorporation:

List the Corporate Officers, Partners or Proprietors of your firm:

NAME	TITLE	% OWNERSHIP
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Have any of the officers of the firm, its subsidiaries or sister companies, done business with Tube City IMS through another company? Yes No

(If yes, please explain on a separate sheet of paper and include with this form.)

Is your business a wholly owned subsidiary? Yes No

a. If yes, by whom?

b. If yes, what other subsidiaries are owned by the parent firm?

c. Does your company own any subsidiaries? Yes No

d. If yes, please provide the names of each subsidiary.

Financial Information:

Is your business publicly held? Yes No

If your company is privately held, will you provide financial information? Yes No

Annual Sales (last year):

Note: We may access, or you may be requested to provide, Income Statements, Balance Sheets and Cash Flow Statements from the previous two years. (Audited financials are preferred.) This information may be reviewed to understand financial stability and any dependency situations.

Company Contact Information

Business Mailing Address:

Remit To Address:

Billing Dept. Contact:

Credit Dept. Contact:

Company URL:

Primary Contact Information

Name:

Title:

Telephone Number:

FAX Number:

Cell Number:

E-Mail Address:

Geographic Coverage

Select the Geographical areas from the listing below where your company is properly licensed and your company can provide products and services (Circle all that apply and if a portion of an area, please describe):

AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL
IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE
NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT
VA VT WA WI WV WY

Entire United States

Canada

Please describe the scope of work that the firm, its subsidiaries or sister companies, currently provides as well as services offered. If you do not provide your full range of product/service offerings for all states please specify.

Commodity Information

Please list the commodities that your company offers. For information on United Nations Standard Products and Services Code® (UNSPSC®) see <http://www.unspsc.org>.

Insurance Information

Insurance company name:

Policy number:

Current dates of coverage:

Is your insurance company rating A-VII or better? Yes No

At our web site you will find a list of the minimum insurance requirements that all suppliers must carry. Additional types and levels of insurance may be required for different types of services/products provided to Tube City IMS:

Do you meet the requirements listed at our web site? Yes No

Termination/Judgment/Liens/Bankruptcy

Has the firm, its subsidiaries or sister companies, failed to complete awarded work or been terminated for cause? Yes No

Does the firm, its subsidiaries or sister companies, have any of the following?

Judgments Yes No Claims Yes No Arbitrations Yes No

Suits Yes No Liens Yes No

Has the firm, its subsidiaries or sister companies, filed bankruptcy or had any re-organizations? Yes No

Have any of the officers of the firm, its subsidiaries or sister companies, done business with Tube City IMS through another company? Yes No

(If yes to any of the above questions, please explain on a separate sheet of paper and include with this form.)

SAFETY SECTION

Do you have a written Safety Program? Yes No

Do you have a Company Safety Director or other Safety Professionals on Staff? Yes No

REFERENCE SECTION

Principle Customers and types of product(s)/service(s) delivered or projects completed within the last three (3) years

1. Project Name:

Project Location:

Contact:

Telephone:

E-Mail address:

Briefly describe the work performed by your organization:

2. Project Name:

Project Location:

Contact:

Telephone:

E-Mail address:

Briefly describe the work performed by your organization:

3. Project Name:

Project Location:

Contact:

Telephone:

E-Mail address:

Briefly describe the work performed by your organization:

ADDITIONAL QUESTIONS:

Is the firm, its subsidiaries or sister companies, or any of its subcontractors currently (or in the past) doing business with Tube City IMS? Yes No

If so, describe below what services are being performed and in what markets?

For what other slag industry companies has the firm, its subsidiaries or sister companies, or any of its subcontractors delivered products or services or performed work in the past?

What services were performed and when was the work completed for those companies?

B2B Requirements

Is your company agreeable to participating in B2B activities by either participating in EDI/XML requirements and/or by accessing Tube City IMS' supplier web site and providing status information?

Yes No

Tube City IMS Sponsor Information

Have you been working with a Tube City IMS employee who has directed you to become an approved Tube City IMS supplier? Yes No

If you are working with a Tube City IMS employee please provide your contact's information (name, title, address, etc.)

Disclaimers:

All information will be reviewed, but not all suppliers submitting information will be entered into the Tube City IMS database of suppliers. Failure to receive all of the required information will delay and may prevent processing. Once reviewed, if there is opportunity for your company to perform work in your area of product/service, you will be contacted. Being added to the supplier database is not a guarantee of business opportunities or bid invitation.