

# Supplier Registration Request

Thank you for your interest in becoming a TMS International supplier.

Please complete this application and submit it to procurement@tmsinternational.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:

Ticker Symbol:

# Employees:

D & B Number:

Exchange:

# 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
Have any of the officers of the firm, through another company? (If yes, please explain on a separate	Yes 🗌 No 📃	, done business with TMS International s form.)
Is your business a wholly owned sub	osidiary? Yes No	
<ul><li>a. If yes, by whom?</li><li>b. If yes, what other subsidiaries are</li><li>c. Does your company own any subs</li><li>d. If yes, please provide the names of</li></ul>	sidiaries? Yes 🗌 No 🗌	
Financial Information:		
Is your business publicly held?	Yes 🗌 No 🗌	
If your company is privately held, w	ill 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:

# BUSINESS SIZE CLASSIFICATION (Check All That Apply):

Large Business(LB) Foreign Business (FE Small Disadvantaged Business (SDB) Wom Small Disadvantaged Woman Owned Business (SD Veteran Owned Small Business (VOSB) Historically Under-Utilized Business Zone (HUB Zo	an Owned Small Business (WOSB) WOB) Government Agency (GA) Educational Institution (EI)
Copy of SBA certification is REQUIRED if classified	
Woman-Owned Small Business (WOSB)	Veteran-Owned Small Business (VOSB)
MWDVBE Information	
Is your business considered a MWDVBE? Yes	No
If Yes, select your MWDVBE certification:	
Women owned Disabled American V	/eteran owned 🗌
Veteran owned Small business	
Minority-owned	
Black American	
Hispanic American	
Native American	
Asian Pacific American	
Other Group (describe)	

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):

Entire United States

	AR AZ	СА СО СТ	DC DE	FL C	GA HI	IA ID	IL
IN KS	KY LA		] MI MN	] MO 🗌 🛚	MS MT	NC ND	] NE
NH NJ		NY OH OK	OR PA	RI S	SC SD	TN TX	UT
VA VT	WA WI	WV WY					

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**

Select the commodities that your company offers. The category codes below are from the United Nations Standard Products and Services Code<sup>®</sup> (UNSPSC<sup>®</sup>). For further details about these categories, visit <u>http://www.unspsc.org</u>.

24000000 Material Handling and Conditioning and Storage Machinery and their Accessories and Supplies 27000000 Tools and General Machinery 90000000 Travel and Food and Lodging and Entertainment Services 73000000 Industrial Production and Manufacturing Services 80000000 Management and Business Professionals and Administrative Services 44000000 Office Equipment, Accessories and Supplies 45000000 Printing and Photographic and Audio and Visual Equipment and Supplies and Services 46000000 Defense and Law Enforcement and Security and Safety Equipment and Supplies 78000000 Transportation and Storage and Mail Services 25000000 Commercial and Military and Private Vehicles and their Accessories and Components 15000000 Fuels and Fuel Additives and Lubricants and Anti Corrosive Materials 76000000 Industrial Cleaning Services 39000000 Electrical Systems and Lighting and Components and Accessories and Supplies 40000000 Distribution and Conditioning Systems and Equipment and Components 85000000 Healthcare Services 32000000 Electronic Components and Supplies 86000000 Education and Training Services 81000000 Engineering and Research and Technology Based Services 47000000 Cleaning Equipment and Supplies 30000000 Structures and Building and Construction and Manufacturing Components and Supplies 77000000 Environmental Services 84000000 Financial and Insurance Services 43000000 Information Technology Broadcasting and Telecommunications 26000000 Power Generation and Distribution Machinery and Accessories 72000000 Building and Construction and Maintenance Services

<ul> <li>3100000 Manufacturing Components and Supplies</li> <li>8200000 Editorial and Design and Graphic and Fine Art Services</li> <li>12000000 Chemicals including Bio Chemicals and Gas Materials</li> <li>11000000 Mineral and Textile and Inedible Plant and Animal Materials</li> <li>56000000 Furniture and Furnishings</li> <li>55000000 Published Products</li> <li>OTHER (Provide detailed description of services and/or product):</li> </ul>				
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 TMS International: 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 Suits 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 TMS International 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

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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 TMS International? Yes No I I 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 TMS International' supplier web site and providing status information? Yes No

## **Tube City IMS Sponsor Information**

Have you been working	with a TMS International employee who has directed you to become an approved TM	S
International supplier?	Yes 🗌 No 🗌	

If you are working with a TMS International 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 TMS International 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.