



# BENTLEY UNIVERSITY

Procurement and Campus Services

## Prospective Vendor Form



Return completed form to: [procurement@bentley.edu](mailto:procurement@bentley.edu)

BENTLEY UNIVERSITY

ATTN: PROCUREMENT AND CAMPUS SERVICES

175 FOREST STREET

WALTHAM, MA 02452

### COMPANY INFORMATION

Company Name:
Address:
City:
State:
Zip Code:
Phone Number:
Fax Number:
Website Address:
Year Business Established:
No. Full Time Employees:
Consortia Affiliation: <input type="checkbox"/> E&I <input type="checkbox"/> MHEC <input type="checkbox"/> Other

### CONTACT INFORMATION

Contact Name:
Contact Title:
Contact Email Address:

### DIVERSITY INFORMATION

Business Type: <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> LGBTQ-Owned <input type="checkbox"/> Disability-Owned <input type="checkbox"/> Other
Ethnic Group: (If Applicable)
Is your company certified as MBE, WBE, VBE, NGLCC or government agency? (If yes, please provide copy of certification) <input type="checkbox"/> Yes <input type="checkbox"/> No

### SUSTAINABILITY INFORMATION

Is your company certified as a B-Corporation? (If yes, please provide copy of certification) <input type="checkbox"/> Yes <input type="checkbox"/> No
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**BUSINESS INFORMATION**

Why do you want to do business with Bentley University?

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: \_\_\_\_\_