

# SUPPLIER QUESTIONNAIRE

## General Information

1. Legal Company Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_

\_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Email Contact Address: \_\_\_\_\_

2. Indicate the type of Organization. Is it a public corporation, private company, employee-owned or a partnership or subsidiary? \_\_\_\_\_.

If a subsidiary: Parent Company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate if your company is certified as a:

- Minority or
- Women owned business
- ISO Certification

Note: Name & address of Certification Organization

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How long has company been in its present line of business \_\_\_\_\_?

### **FINANCIAL INFORMATION:**

ANNUAL SALES REVENUE \_\_\_\_\_

LIQUIDITY RATIO \_\_\_\_\_

SALES TO TOTAL ASSETS \_\_\_\_\_

INVENTORY TURNOVER \_\_\_\_\_

DUN & BRADSTREET NUMBER AND RATING \_\_\_\_\_

OPERATING EXPENSES AS A % OF SALES \_\_\_\_\_

4. If distributor or jobber, include a list of the manufacturers for which you are an authorized distributor or sales agent.

	<u>Manufacturers</u>
<input type="checkbox"/> Distributor	_____
<input type="checkbox"/> Manufacturer	_____
<input type="checkbox"/> Jobber	_____

5. Please indicate your annual spend with each manufacturer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List or categorize the variety of products/commodities that are carried by your company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Include total annual revenue and revenue by product categories.

8. Please list the location(s) from which you would serve each Clearwater Paper facility (indicate what it is)

<input type="checkbox"/> Sales	_____
<input type="checkbox"/> Office	_____
<input type="checkbox"/> Service Center	_____
<input type="checkbox"/> Distribution	_____

9. Describe how your company is organized. Include the personnel that would be responsible for our account, as well as day to day contacts for the sites.

10. What is the company's percent of market share in the North America regions in which you are present? In what product categories do you have the highest market share?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If your company has an internet site, please indicate the address. \_\_\_\_\_

12. Who would you consider your major competitors and estimated percent of their market shares in each product category?

13. If you have done business with any Clearwater Paper facility in the past, please indicate the facility and approximate years.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Is your company willing to participate in online bids? \_\_\_\_\_

**Value Added Services/Supply Partnership**

15. For the following items, indicate whether you have the capability and the level of expertise or extent deployed:

	Low	Med	High
Receiving EDI orders/Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving EDI invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept purchase card purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronics Catalogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar Coding (reading manufacturers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar Coding (special labels for us)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplier management keepfills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay on consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Deposit Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> party web service transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoiceless transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**References**

16. Provide a list of at least 5 of your current customers whom we may contact. Include contact names and telephone numbers.

<b><u>Company</u></b>	<b><u>Contact</u></b>	<b><u>Telephone Number</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CLEARWATER PAPER FACILITIES**

**CORPORATE AND MANUFACTURING**

<b>DIVISION</b>	<b>SITE</b>	<b>FACILITY</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>
Corporate	01	Corporate Office	601 West Riverside Avenue, Suite 1100	Spokane	WA
Admin Office	01	Clearwater Paper Group	1855 Lockeway Drive, Suite 501	Alpharetta	GA
CPD	17	Consumer Products - Menominee	144 First Street	Menominee	MI
CPD	18	Consumer Products - Ladysmith	1215 East Worden Avenue	Ladysmith	WI
CPD	23	Consumer Products - St Catherines	45 Merritt Street	St. Catharines	Ontario, Canada
CPD	77	Consumer Products - Long Island	555 North Research Place	Central Islip	NY
CPD	78	Consumer Products - Thomaston	1201 Barnesville Road	Thomaston	GA
CPD	79	Consumer Products - Oklahoma City	50 North Council Road	Oklahoma City	OK
CPD	82	Consumer Products - Las Vegas	3901 North Donna Street	Las Vegas	NV
CPD	82	Consumer Products - Lewiston	801 Mill Road	Lewiston	ID
CPD	84	Consumer Products - Elwood	215661 W. Mississippi Street	Elwood	IL
CPD	85	Consumer Products - Shelby	671 Washburn Switch Road	Shelby	NC
CPD	92	Consumer Products - East Hartford	Two Forbes Street	East Hartford	CT
CPD	93	Consumer Products - Natural Dam	4921 Route 58N	Gouverneur	NY
CPD	94	Consumer Products - Neenah	249 North Lake Street	Neenah	WI
CPD	95	Consumer Products - Wiggins	1321 South Magnolia Drive	Wiggins	MS
PPD	70	Idaho Pulp & Paperboard	803 Mill Road	Lewiston	ID
PPD	75	*Arkansas Pulp & Paperboard	5082 Highway 4 N	Arkansas City	AR