



**Vendor Profile**

**BDS Buying Agent:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Office Location:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Tel. No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Website:** \_\_\_\_\_

**Vendor Information:**

**Corporate Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **DUNS #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Tel. No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**RN / WPL / CA Number:** \_\_\_\_\_

**Type of Business:**

**Production Line:**

Kids _____	Knits _____	Dresses _____	Gifts _____
Mens _____	Wovens _____	Denim _____	Housewares _____
Ladies _____	Tops _____	Underwear _____	Footwear _____
Hardlines _____	Bottoms _____	Lingerie _____	Textiles _____
Footwear _____	Sweaters _____	Outerwear _____	<b>Other</b> _____

**Production Factory (Please list all - attach list if needed):**

**1) Factory Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
**Tel No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Years in Operation:** \_\_\_\_\_ **Factory Handover Point:** \_\_\_\_\_  
**Does this factory have an exporting license?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Total Number of Employees:** \_\_\_\_\_ **Dormitories on Premises:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Total Number of Temporary Employees:** \_\_\_\_\_ **Employee Turnover Rate:** \_\_\_\_\_ %  
**Languages Spoken by \_\_\_\_\_** **Languages Spoken by \_\_\_\_\_**  
**by Employees:** \_\_\_\_\_ **Management:** \_\_\_\_\_  
**Does Factory have a secondary energy source?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If so, what type:** \_\_\_\_\_ (example, generator)  
**Social Compliance Approved:** Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, by Whom?** \_\_\_\_\_  
 (i.e. CSCC/ ITS / 3rd Party Social Auditors)  
**C-TPAT Certified** Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, by Whom?** \_\_\_\_\_  
 (i.e. CSCC/ ITS / 3rd Party Social Auditors)  
**Production capacity per month :** \_\_\_\_\_ **Min. order total:** \_\_\_\_\_  
**General lead-time from receipt of finalized order (days):** \_\_\_\_\_ **Min. by style :** \_\_\_\_\_  
 \_\_\_\_\_ **Min. by color :** \_\_\_\_\_  
**Vertical maker?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, please provide details:** \_\_\_\_\_  
**Joint venture?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, please provide details:** \_\_\_\_\_  
**Imported under NAFTA, AGOA, CBI, etc.?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If Yes, please provide details:** \_\_\_\_\_

**C-TPAT Partner** Yes \_\_\_\_\_ No \_\_\_\_\_ **C-TPAT Status** \_\_\_\_\_ **Certified** \_\_\_\_\_ **Validated** \_\_\_\_\_  
**If yes, please attach proof of certification:** \_\_\_\_\_ **CBP C-TPAT Certificate** \_\_\_\_\_ **CBP Welcome Letter** \_\_\_\_\_ **SVI Number** \_\_\_\_\_ **All** \_\_\_\_\_

**If no, please provide details of your security procedures by completing the attached Self-Assessment for Beall's review:**

**Do you have a QA program (e.g. internal inspection, contractual inspection, certification) for monitoring the production of merchandise produced for Beall's?**  
 -- at your facilities? Yes \_\_\_\_\_ No \_\_\_\_\_ -- at your contractor's facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you checked 'yes', please indicate the areas that your program covers:**

	your facilities	your contractor's facilities
Merchandise quality	_____	_____
U.S. Customs requirements	_____	_____
Human rights violations	_____	_____
Wage & hour violations	_____	_____
Other (please specify below)	_____	_____

**Please attach copies of Vendor's ethical and cargo security sourcing guidelines**

**Current Customer Information / Approved Vendor for:**

Name: _____	% of Business* _____	Product: _____
Name: _____	% of Business _____	Product: _____
Name: _____	% of Business _____	Product: _____
Name: _____	% of Business _____	Product: _____

**Vendor Profile**

**PRODUCTION CAPABILITIES**

**Raw Material:** (Please list all mills applicable)

**Name of Mill / Resource:** \_\_\_\_\_  
 (Please list top facilities used for production)  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Tel No:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **Monthly Capacity:** \_\_\_\_\_



**PRODUCTION CAPABILITIES**

**Sample Making:** In-House:  Outsourced:   
 # of Employees: \_\_\_\_\_

**Marking & Grading:** In-House:  Outsourced:   
 # of Employees: \_\_\_\_\_

**Cutting:** In-House:  Outsourced:   
 Capacity per Month: \_\_\_\_\_ % for BDS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Assembly (Sewing Machine Operations)**

In-House:  Outsourced:   
 Capacity per Month: \_\_\_\_\_ % for BDS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Embellishment:** In-House:  Outsourced:   
 Not Applicable N/A:   
 Capacity per Month: \_\_\_\_\_ % for BDS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Washing:** In-House:  Outsourced:   
 Capacity per Month: \_\_\_\_\_ % for BDS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Inspection and Mending:**

In-House:  Outsourced:   
 Capacity per Month: \_\_\_\_\_ % for BDS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Pressing and Finishing:**

In-House:  Outsourced:   
 Capacity per Month: \_\_\_\_\_ % for BDS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Packaging:**

In-House:  Outsourced:   
 Capacity per Month: \_\_\_\_\_ % for BDS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Shipping:**

In-House:  Outsourced:   
 Capacity per Month: \_\_\_\_\_ % for BDS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Vendor Profile**

**OUTSOURCED FACILITIES**

Please provide all addresses of Outsourced Facilities for Customs Purposes and Correct Country of Origin

**Names & Address of all additional Facilities used:**

1) Factory Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Factory Location (Address) - not office location - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Province: \_\_\_\_\_ Country: \_\_\_\_\_ Website: \_\_\_\_\_  
 Tel No: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_ Monthly Capacity: \_\_\_\_\_  
 Total Number of Employees: \_\_\_\_\_ Process: \_\_\_\_\_

2) Factory Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Factory Location (Address) - not office location - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Province: \_\_\_\_\_ Country: \_\_\_\_\_ Website: \_\_\_\_\_  
 Tel No: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_ Monthly Capacity: \_\_\_\_\_  
 Total Number of Employees: \_\_\_\_\_ Process: \_\_\_\_\_

3) Factory Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Factory Location (Address) - not office location - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Province: \_\_\_\_\_ Country: \_\_\_\_\_ Website: \_\_\_\_\_  
 Tel No: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_ Monthly Capacity: \_\_\_\_\_  
 Total Number of Employees: \_\_\_\_\_ Process: \_\_\_\_\_

**Internal Use Only**

Government Lists Checked and Approved Yes No

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Jim Knapp  
 Sr. VP & CMO