



**Vendor Profile**

**Corporate Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Duns #:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Tel. No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**RN / WPL / CA Number:** \_\_\_\_\_

**Address of Production Factory/Country (Please list all - attach list if needed):**

Telephone No.: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Product Line:** \_\_\_\_\_

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

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)	_____	_____

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

**Current Customer Information / Approved Vendor for**

Name: _____	Product: _____
Name: _____	Product: _____
Name: _____	Product: _____
Name: _____	Product: _____
Name: _____	Product: _____

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Buyer(s) : \_\_\_\_\_ Approved by: \_\_\_\_\_  
Janet Ydavoy  
DVP Product Development