

FERGUSON ENTERPRISES, INC. WILL TREAT ALL INFORMATION AND DOCUMENTATION PROVIDED IN RESPONSE TO THIS APPLICATION AS CONFIDENTIAL INFORMATION OF THE APPLICANT. NO INFORMATION WILL BE DISCLOSED TO ANY THIRD PARTY, UNLESS REQUIRED BY LAW OR GOVERNMENTAL ACTION. COMPLETING AND SUBMITTING THE DISTRIBUTOR ALLIANCE PROGRAM APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM.

Instructions: Please complete all questions and provide supporting documentation where requested. Incomplete responses will delay consideration of your company's application. Email the completed questionnaire and supporting documentation to: dap@ferguson.com

SECTION I – BUSINESS CONTACT INFORMATION *Required fields are denoted without an "Optional" label.

*Company Legal Name:		*DBA Company Name:	Business Type: (Choose One)	
*Company Physical Address:		*City:	*State:	*Zip Code:
Federal Tax ID:		D&B DUNS:	Cage Code:	
Company Website:		*Submitted By:	*Title:	
Date:	*Email Address:	*Company Phone Number:	Company Fax Number:	

Principal Owner Information:

Owner 1

Owner 2

*Name:		*Title:	*Name:		*Title:
*Email:		% Ownership of Company:	*Email:		% Ownership of Company:

If there are more owners that will not fit into this form please include a Word document with all owners including the information above for each.

SECTION II – BUSINESS BACKGROUND INFORMATION

Legal Structure:	Year Business was Established:	Number of Employees:
Geographical Service Areas:	Please describe the areas that apply:	

Business References:

Reference 1

Reference 2

Company Name:		Contact Name:	Company Name:		Contact Name:
Email:		Phone Number:	Email:		Phone Number:
Reference 3			Reference 4		
Company Name:		Contact Name:	Company Name:		Contact Name:
Email:		Phone Number:	Email:		Phone Number:

SECTION III – BUSINESS PROFILE

1. Business entity is certified as one or more of the following classifications (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) | <input type="checkbox"/> Local Business Enterprise (LBE) |
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Federal (HUBzone, 8 (a), WOSB) |
| <input type="checkbox"/> Veteran or Service Disable Veteran-owned Business Enterprise (VSDVBE) | <input type="checkbox"/> National Minority Supplier Development Council (NMSDC) |
| <input type="checkbox"/> Women-owned Business Enterprise (WBE) | <input type="checkbox"/> Women’s Business Enterprise National Council (WBENC) |
| <input type="checkbox"/> Small Business Enterprise (SBE) | |

**** Please attach all current state and local certifications and the certification(s) of NAICS classifications that the business entity is approved to supply. ****

2. Is the business entity certified under state or local governments to sell other products (e.g., office supplies, construction equipment, building materials, electrical supplies, etc.)? Please Answer: YES NO

3. Does the business entity have industry experience and knowledge in the respective NAICS codes listed (e.g., Plumbing, PVF, Facilities Maintenance, MRO, Janitorial/Sanitation Supplies, WW, HVAC, etc.) to provide technical assistance to the purchaser before, during, and after the sale and installation of the product(s)? If YES, please provide two current examples of projects under your respective NAICS codes. Please Answer: YES NO

4. Will your company be exporting products purchased from Ferguson for Federal government projects (DoD, DLA, etc.)? If YES, please provide detailed information. Please Answer: YES NO

5. Does the business entity assume credit risk for your customers (pays for materials, then bills customer)? If YES, please provide detailed information. Please Answer: YES NO

6. Does the business entity have a business account in place to receive payments directly in the name of the business entity? If YES, please provide detailed information. Please Answer: YES NO

7. Does the business entity have an e-commerce platform in place? If YES, please provide detailed information. Please Answer: YES NO

8. Does the business entity have capabilities to conduct business via EDI or XML? If YES, please provide detailed information. Please Answer: YES NO

9. Does the business entity visit the job site for a genuine purpose to benefit the project? If YES, please provide detailed information. Please Answer: YES NO

Certification

The undersigned hereby verifies that all information and statements submitted herein, including any supporting documents, are true and correct to the best of his/her knowledge and all responses to the questions are full and complete, omitting no material information. I understand and acknowledge that Ferguson Enterprises, Inc. relies upon the accuracy and completeness of this information to establish eligibility for the Distribution Alliance Program (“Program”) and that any misrepresentation or misstatement of fact may be grounds for immediate disqualification from the Program. I agree to provide Ferguson written notice of any material change in the information contained in this registration, including without limitation any change in ownership, contact information, and status of certification.

Print Name:

Date:

Signature:

Title:

Email the completed questionnaire and supporting documentation to: dap@ferguson.com