

FERGUSON ENTERPRISES, LLC 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:	*How did you hear about DAP? (Choose One)	
Date:	*Email Address:	*Company Phone Number:	Company Fax Number:		

SECTION II – BUSINESS INFORMATION

Ferguson Conflicts of Interest Disclosure Policy

A Person Connected to a Ferguson Associate is defined as follows: (i) spouse, civil partner or any person with whom the Ferguson Associate lives as partner in an enduring family relationship; (ii) children and stepchildren, and any children and stepchildren under 18 years old of any person referred to in (i) above who are not your children or stepchildren and who live with you; (iii) parents and stepparents; (iv) siblings; (v) mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; or (vi) any person who, on the date of the transaction in question, shares your household (other than a tenant or employee). Romantic Partner: An individual with whom a Ferguson Associate has a romantic or dating relationship, regardless of whether you share the same household. Companies: Any corporate or other entity of which you or any Person Connected with you: (i) is a director; (ii) is a shareholder (other than Ferguson plc or other listed companies in which you have a small shareholding of under 3%); (iii) otherwise has a controlling interest in or has significant influence over the entity; or (iv) is a member of the key management personnel of the entity (or of a parent entity). Trusts: If you or any Relative is a trustee, beneficiary or potential beneficiary of a trust, any trustee of that trust. If anyone acts on your behalf in relation to any trust, that person also is a Person Connected. Partnerships: Any partnership (including any limited partnership or limited liability partnership) in which you, or any Person Connected with you, are a partner or in which you have an interest.

Ferguson Associate Persons Connected:

First Name:	Last Name:	Associate Job Position:	Persons Connected Relationship Status:
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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.

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

SECTION II – BUSINESS INFORMATION (continued)

Business References:

Reference 1

Company Name:	Contact Name:
Email:	Phone Number:

Reference 2

Company Name:	Contact Name:
Email:	Phone Number:

Reference 3

Company Name:	Contact Name:
Email:	Phone Number:

Reference 4

Company Name:	Contact Name:
Email:	Phone Number:

SECTION III – BUSINESS PROFILE

The Distributor Alliance Program does not accept Federal, State, Local government and third-party entities Broker and Self-certified certifications.

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. What areas of business are you interested in working with Ferguson:

- Commercial/Mechanical
 Ferguson Facilities Supply
 Ferguson Fire & Fabrication
 HVAC
 Ferguson Industrial
 Waterworks

3. Please provide two examples of past performance on projects to include your role and responsibilities (commercially useful function):

Project 1 Name:	Role and Responsibilities on Project:
Project 2 Name:	Role and Responsibilities on Project:

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?

Please Answer: YES NO

6. Is the business entity tax exempt?

Please Answer: YES NO

7. Is the business entity interested in having an e-commerce partnership with Ferguson Facilities Supply ?

Please Answer: YES NO

Documents to Include:

- Certifications (current certifications only) must be included with the Distributor Alliance Program Capability Statement.
- Tax Exception(s) form (if applicable).
- If there are more owners that will not fit into this form please include a Word document with all owners including the information for each.

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, LLC 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 application, 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