



Supplier Qualification

Instructions: Complete all information in the space provided and email form to purchasing@usecology.com.

Supplier Information

Name:

Attention:

PO Box:

Address:

City:

State/
Province: Zip/
Postal Code:

Contact Info

Supplier Contact:

Contact Email:

Supplier Phone:

Supplier Fax:

Remit To Information

Check box if remit to is the same as supplier information

Name:

Attention:

PO Box:

Address:

City:

State/
Province: Zip/
Postal Code:

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

Select one or more primary products/services

Select the appropriate link below for USE terms and conditions and a sample certificate of insurance with USE's minimum coverage requirements (if applicable) and return with this form.

- | | |
|---|--|
| <input type="checkbox"/> Goods Terms | <input type="checkbox"/> Disposal Facility Terms Sample COI |
| <input type="checkbox"/> Services (incl. non waste hauler) Terms Sample COI | <input type="checkbox"/> Consultant Terms Sample COI |
| <input type="checkbox"/> Haz-Waste Transporter Terms Sample COI | <input type="checkbox"/> Contractor Terms Sample COI |
| <input type="checkbox"/> Non Haz-Waste Transporter Terms Sample COI | <input type="checkbox"/> Subcontractor Terms Sample COI |
| <input type="checkbox"/> Recycler Terms Sample COI | <input type="checkbox"/> Temporary Services Terms Sample COI |

Insurance Requirements

Will you perform work on site? Yes No

An ACORD certificate of insurance is required. See above for sample cert# w/ minimum coverage requirements (available on website) and submit certificate with supplier information form.

Tax Data for Suppliers Inside the US

Select Appropriate Box

Individual/Sole Proprietor Corporation Partnership

Other:

Federal Tax ID:

Social Security #:

Name Related to SSN:

Dun & Bradstreet #:

Please submit W-9 with this form – [click here for form](#).

If you are not submitting a W-9 explain reason:

Tax Data for Suppliers Outside the US

Will you be performing any services in the US for US Ecology? Yes No

If "Yes" please provide form W-8BEN-E or other documentation regarding US withholding – [click here for form](#)

Company Registration #/EIN:

VAT Reg. No.

PST (Provincial Sales Tax):

GST (Goods & Services Tax):

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HST (Harmonized Sales Tax):

Currency: USD CAD

Diversity Information

Contact Name:

Contact Email Address:

Business Type: MBE WBE VETERAN OWNED DISABLED OWNED SMALL BUSINESS

Certificate#: Expires:

Quality

ISO 9001:2008 Compliant: Yes No

Certificate#: Expires:

If the parties have signed a contract which includes negotiated Terms & Conditions of Purchase, the parties agree that all purchases made by US ecology shall be governed by that contract. If there is no such contract, or it has expired, the Supplier agrees that by completing and submitting this Supplier Information, US Ecology's Terms & Conditions of Purchase shall apply to all purchases made by US Ecology. Terms & Conditions can be found at www.usecology.com. By signing below you confirm the information provided in this form is true to the best of your knowledge, and further confirm that you have reviewed and will comply with US Ecology's Human Rights Commitment Statement found at [Human Rights](#).

I Agree

I Disagree and will contact a USE buyer for further assistance

Authorized Signature: _____ Date: _____

If you have any questions please contact USE Purchasing department at purchasing@usecology.com

USE OFFICE USE ONLY

USE Approval: _____

- | | |
|---|--|
| <input type="checkbox"/> New Vendor | <input type="checkbox"/> Not approved (select one) |
| <input type="checkbox"/> Reinstate vendor | <input type="checkbox"/> Insufficient Insurance |
| <input type="checkbox"/> Approved TSD | <input type="checkbox"/> SQ Form not complete |
| <input type="checkbox"/> Approved Transporter | <input type="checkbox"/> No Terms & Conditions |
| <input type="checkbox"/> Critical Supplier | |

Financial System	Vendor Number	Remit to Number	Entered by: (USE associate)

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