

VENDOR EVALUATION

DATE: _____

PREPARED BY: _____

EVALUATION NO.: _____

TITLE: _____

This form will help you evaluate the overall performance of vendors you are currently working with or plan to work with. Include all vital information associated with the vendor in the top portion of the form. In the bottom portion of the form, apply a strength factor, 5 being the strongest, to each item you evaluate. Total each column once you conclude the evaluation. Add up the columns to arrive at a total. Compare that total against the totals of similar vendors to gauge the performance of the vendor.

VENDOR/SUPPLIER INFORMATION

| | | | | | |
|-----------------------|--------|------|---|------|--------------------------------------|
| Company Name: | | | Type of Business: | | |
| Company Address: | | | Legal Form Under Which Business Operates: | | |
| City: | State: | Zip: | Phone: | FAX: | Number of Employees at Headquarters: |
| Number of Employees: | | | | | |
| Size of Headquarters: | | | Number of Locations: | | |
| Names of Salespeople: | | | Names of Key Officers: | | |
| | | | | | |

| VENDOR EVALUATION | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|--------------|---|
| 1. Timeliness of Deliveries | | | | | |
| 2. Quality of Parts/Products/Material Upon Delivery | | | | | |
| 3. Overall Quality of Parts/Products/Material | | | | | |
| 4. Competitiveness of Price | | | | | |
| 5. Quality of Service Provided | | | | | |
| 6. Competitiveness of Terms and Conditions | | | | | |
| 7. Credit Rating | | | | | |
| 8. Overall Financial Condition | | | | | |
| 9. Reputation of Company | | | | | |
| 10. Quality of Design Compared To Specifications | | | | | |
| 11. Level of Assistance in Research and Development | | | | | |
| 12. Expertise of Sales Staff | | | | | |
| 13. Technical Support Staff's Level of Expertise | | | | | |
| COLUMN TOTALS | | | | | |
| | | | | TOTAL | |