

Bright Horizons Family Solutions  
 200 Talcott Avenue South  
 Watertown, MA 02472-9177  
 Fax: 617-673-8636

Date: \_\_\_\_\_

**SUPPLIER APPLICATION FORM**

*Business Name	
*Street Address/P.O. Box	*City, State, Zip
*Contact Name	*Contact Phone No.
*Contact Email Address	Contact Fax No.
*Web Site Address	
<b>Federal ID Number or SS Number (Must be completed to do business with Bright Horizons)</b>	
*Federal Tax ID Number	*SS Number (if Sole Proprietorship)
**“Remit To” Address/PO Box	*City, State, Zip
<b>Do you accept credit cards or purchasing cards?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Business and Primary NAICS codes: _____ <input type="checkbox"/> Manufacturing <input type="checkbox"/> Distribution <input type="checkbox"/> Service *Describe the commodity of service: _____ Number of Employees: _____ Established: _____ Annual Sales Volume: _____ *Geographic area your company can service: _____	
*Type of Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Foreign Owned	
If Corporation, fill in the below:	
State of Corporation	Date Incorporated
	Years In Business
*Anticipated Annual invoicing to Bright Horizons: <input type="checkbox"/> Over \$100,000 <input type="checkbox"/> Under \$100,000	
<b><i>*If you have been asked to complete this form by a specific business unit, center, or school, please provide that information below.</i></b>	
Bright Horizons Center Name	Bright Horizons Center Number (if known)
Bright Horizons Contact Name	Bright Horizons Contact Phone Number

**\*Must be filled out or application will not be processed.**

**SUPPLIER APPLICATION FORM**

**\*Ownership Classification:**

**THIS SECTION MUST BE COMPLETED OR FORM WILL BE RETURNED!**

**A. Business Classification:**

Your company is classified as: (Check One)

- Small Business < 500 employees       Large Business > 500 employees

Please check all that apply:

- Small Disadvantaged Business       Service Disabled Veteran  
 HBCU/MI       Veteran Owned

**B. Women Owned:**

Your company is classified as a woman-owned business:       YES       NO

If yes, please check one of the following:

- Non-Minority Woman (K)  
 Minority Woman (if minority-owned you must indicate ethnic group in section "C" below.)

Have you ever been certified by a federal, state municipal government or any local or national purchase council or other third party agency?

- YES (If yes, you must attach a copy of the certification.)       NO

**C. Minority-Owned:**

Your company is classified as a minority-owned business:       YES       NO

If yes, please check one of the following:

- Asian-Pacific American (D, I)       African-American (A, F)  
 Asian-Subcontinent American (E,J)       Hispanic American (B, G)  
 Native American       Gay/Lesbian

Have you ever been certified by a federal, state municipal government or any local or national purchase council or other third party agency?

- YES (If yes, you must attach a copy of the certification.)       NO

**D. HUBZone (P):**

Your company is classified as a HUBZone:       YES       NO

Have you ever been certified by a federal, state municipal government or any local or national purchase council or other third party agency?

- YES (If yes, you must attach a copy of the certification.)       NO

**\*Must be filled out or application will not be processed.**

---

**\*TYPE OF BUSINESS**

---

- Center Based
  - Enrichment provider - yoga, dance, sports, arts and crafts, foreign language instructors
  - Performers/entertainers - magicians, storytellers, musicians
  - Instructors - referees, coaches
  - Local small business - florists, restaurants, pizza shops, first aid and CPR, Field trips - destinations, not transportation
  - Other – please explain \_\_\_\_\_
  
- Information Technology
  - Network administration
  - Computer hardware
  - Computer software
  - Support
  - Telecommunications – long distance, local, wireless, cell phones, and broadband
  - Consultant
  - Other – please explain \_\_\_\_\_
  
- Supply Management
  - Logistics – express delivery, trucking, storage, and relocation
  - File storage – all media
  - Fleet management - including rental and leases for cars and buses, and purchased vehicles
  - Print and fulfillment
  - Food service or catering
  - Janitorial supplies (excluding service contracts)
  - Educational supplies
  - Furniture
  - Office equipment – copiers, faxes, scanners
  - Other – please explain \_\_\_\_\_
  
- Facilities
  - Repair and maintenance - including cleaning, pest control, lawn care, snow removal and landscaping
  - Appliances - washer, dryer, HVAC, dishwasher
  - Cleaning, janitorial contracts
  - Renovations – including roofing, lighting, and flooring
  - Parking lot maintenance
  - Playgrounds (renovations and inspections)
  - Security including fire and burglar
  - Signage
  - Consultant
  - Other – Please explain \_\_\_\_\_

**\*Must be filled out or application will not be processed.**

**\*TYPE OF BUSINESS - Continued**

---

- Construction
  - Construction
  - Contracting
  - Building materials, hardware and supplies
  - Playgrounds (excluding renovations and inspections)
  - Architectural services
  - Consultant
  - Other – please explain \_\_\_\_\_
  
- Corporate Services
  - Advertisement
  - Creative services and marketing
  - Healthcare/benefits
  - Insurance
  - Employment agencies/services
  - Legal services
  - Financial services
  - Consultant
  - Other – please explain \_\_\_\_\_

**\*Must be filled out or application will not be processed.**