



# Auto Club Group Supplier Inquiry Form

Today's Date	Company Name
Company Address (Street, City, State, Zip)	
Contact Name	Contact Job Title
Contact Phone #	Contact Email Address

## A. PRODUCT/SERVICE DESCRIPTION

1. Please select the category that best describes the primary product/service offered:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Claims   | <input type="checkbox"/> Financial          | <input type="checkbox"/> Facilities                     |
| <input type="checkbox"/> IT (Hardware, Software, Services)                | <input type="checkbox"/> Marketing          | <input type="checkbox"/> Office Products                |
| <input type="checkbox"/> Printing and Fulfillment                         | <input type="checkbox"/> Travel and Touring | <input type="checkbox"/> Temporary Workforce/Consulting |
| <input type="checkbox"/> Human Resources (Benefits, Training, Employment) |   |   |

2. Describe product/service in detail:

## B. COMPANY DESCRIPTION

1. Certification Status:

- |   |   |
|---|---|
| <input type="checkbox"/> Certified MWBE (51% minority or woman ownership) | <input type="checkbox"/> Certified SBE (small business) |
| <input type="checkbox"/> Certified Both MWBE and SBE                      | <input type="checkbox"/> Not Certified                  |

2. Number of years in business: **years**

3. Number of employees: **employees**

4. Other comments or important notables:

## C. REFERENCES: Please Provide 1-3 Business References

Reference #1	Reference #2	Reference #3
Contact Name	Contact Name	Contact Name
Company Name	Company Name	Company Name
Contact Phone #	Contact Phone #	Contact Phone #
Contact Email Address	Contact Email Address	Contact Email Address

D. Please email the completed form to [acgpurchasing@aaamichigan.com](mailto:acgpurchasing@aaamichigan.com) with "ACG Supplier Inquiry Form" as the subject of the email.