

ATTACHMENT A

COMPANY PROFILE

COMPANY NAME: _____

ADDRESS OF COMPANY: _____

DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____

PHONE NUMBER: _____ TOLL FREE PHONE NUMBER: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

NUMBER OF GEOGRAPHIC LOCATIONS: _____

LOCATION OF ALL GEOGRAPHIC OFFICES (if applicable) AND THEIR FUNCTION

LOCATION:

FUNCTION:

_____	_____
_____	_____
_____	_____

LOCATION OF BRANCH OFFICE(S) WHICH WILL SERVICE UNIVERSITY: _____

TYPE AND SIZE OF CUSTOMERS SERVICED: _____

TYPE OF SERVICES PROVIDED: _____

OF YEARS IN BUSINESS: _____

OF YEARS IN BUSINESS UNDER PRESENT NAME: _____

OTHER OR FORMER NAMES UNDER WHICH YOUR ORGANIZATION HAS OPERATED:

TYPE OF ORGANIZATION (I.E., CORPORATION, PARTNERSHIP, INDIVIDUAL, JOINT VENTURE):

NAME OF PRINCIPAL(S) AND TITLE(S):

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BRIEF HISTORY OF COMPANY: _____

BRANCH OFFICE

TOTAL COMPANY

WHICH WILL
SERVICE UB:

Total Number of employees:

Pre-Sales and Marketing:

Research and Development:

Post-Sales Support:

Training and Consulting:

Technical Support:

Management:

DESCRIBE THE SERVICE CAPABILITIES OF YOUR COMPANY:

TOTAL COMPANY ANNUAL SALES VOLUME FOR ALL SERVICES:

2022 _____

2023 _____

2024 _____

TOTAL COMPANY ANNUAL SALES VOLUME FOR SAP SERVICES:

2022 _____

2023 _____

2024 _____

Additional Information:

1. Provide descriptions of formal partnerships with hardware, software, network, and storage vendors.
2. The offering company should provide a statement of financial viability and disclose any anticipated plans for the sale of the software or takeover of the company.

END OF FORM