Auto Club Group	Supplier Inquiry F	orm
Today's Date	Company Name	
rouay's Date	Company Name	
company Address (Street, City, State, Zip)		
ontact Name	Contact Job Title	
ontact Phone #	Contact Email Add	dress
A. PRODUCT/SERVICE DESCRI	PTION	
. Please select the category that best des	cribes the primary product/ser	vice offered:
☐ Claims	Financial	☐ Facilities
☐ IT (Hardware, Software, Services)	☐ Marketing	☐ Office Products
☐ Printing and Fulfillment	☐ Travel and Touring	☐ Temporary Workforce/Consulting
☐ Human Resources (Benefits, Training	g, Employment)	
. Describe product/service in detail:		
3. COMPANY DESCRIPTION		
. Certification Status:		
Certified MWBE (51% minority orwom	an ownership)	d SBE (small business)
☐ Certified Both MWBE and SBE	☐ Certified Veteran	
☐ Certified LGBTQ+	□ Not Certified	
	_	
Number of years in business:	years	
B. Number of employees:	employees	
. Other comments or important notables:		
C. REFERENCES: Please Provid	e 1-3 Business Refere	nces
Reference #1	Reference #	#2 Reference #3
ontact Name	Contact Name	Contact Name
ompany 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 SourcingStatus@acg.aaa.com with "ACG Supplier Inquiry

Form" as the subject of the email.