

CarMax Supplier Inquiry Form

Instructions:

1. Open the Supplier Inquiry Form on your device and complete the fields with your company's information (Adobe is required).
2. Save the completed form as a PDF file to your device. Please include your company's name in the file name.
3. Attach the saved PDF file to an email and send it to supplier@carmax.com. Please send only one form per company.

Thank you!

CarMax Supplier Inquiry Form

COMPANY INFORMATION		
Legal Company Name		
DBA/AKA Name		NAICS code(s)
Parent Company (if applicable)		UNSPSC code(s)
Company Website		
Company Physical Address		Phone Number
City	State	Zip code
Primary Contact Name		Phone Number
Contact Email Address		Department/Division
Contact Address		Fax Number
City	State	Zip code
Owner's Name		Annual Revenue
Owner's Email Address		Number of Employees
TYPE OF BUSINESS		
<input type="checkbox"/> Domestic Contractor Outside US	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Foreign Contractor
<input type="checkbox"/> Hospital	<input type="checkbox"/> JWOD Nonprofit Agency	<input type="checkbox"/> Large Business
<input type="checkbox"/> Minority Institution	<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Other Small Business
<input type="checkbox"/> Small Disadvantaged Business		
BUSINESS CLASSIFICATION (Select all that apply)		
<input type="checkbox"/> Minority Business Enterprise (MBE)	<input type="checkbox"/> Veteran Owned Business (VBE)	
<input type="checkbox"/> Women Business Enterprise (WBE)	<input type="checkbox"/> Service Disabled Veteran Owned Business (DVBE)	
<input type="checkbox"/> Small Disadvantaged Business (SDB)	<input type="checkbox"/> Historically Underutilized Business Zone (HUB Zone)	
<input type="checkbox"/> Women-Owned Small Business (WOSB)	<input type="checkbox"/> GLBT Business Enterprise	
<input type="checkbox"/> Economically Disadvantaged Women Owned Small Business (EDWOSB)	<input type="checkbox"/> Alaskan Native Owned Business (ANC)	
<input type="checkbox"/> SBA 8(a) Certified Business	<input type="checkbox"/> Ability-One Agency	
<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)	<input type="checkbox"/> Disabled Owned Business Enterprise (DOBE)	
OWNER ETHNICITY (Select ONE: Ethnicity of the owner/controller with 51% or more ownership)		
<input type="checkbox"/> African American (Black)	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian Subcontinent (Asian Indian)	<input type="checkbox"/> Native American	
OWNER GENDER (Select ONE: Gender of the owner/controller with 51% or more ownership)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
BUSINESS SIZE		
<input type="checkbox"/> Small	<input type="checkbox"/> Large	
Business size is determined by NAICS code and number of employees or annual sales. To determine if your company is a Small Business, please visit the SBA's online Size Standards tool: http://www.sba.gov/tools/size-standards-tool		
CERTIFICATIONS (please enter all certifications below)		
Certifying Agency	Certification Expiration Date	Certificate #
<input type="checkbox"/> SBA		
<input type="checkbox"/> NMSDC		
<input type="checkbox"/> WBENC		
<input type="checkbox"/> VetBiz:		
<input type="checkbox"/> Other:		

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Products and Services Offering	
Products and/or Services your company offers:	
What is your geographical coverage area?:	<input type="checkbox"/> Local (market): (list market) <input type="checkbox"/> Regional (markets): (list regions/states) <input type="checkbox"/> National - US <input type="checkbox"/> International: (list countries)
How could your company be an asset to CarMax?:	

List of Key Customers: _____

Any Additional information you would like to share about your business: _____