Business References

Section A						
Name						
Address						
City/State/Zip						
Contact Person						
Telephone Number						
Email Address						
	Sect	ion B				
If this is a Department reference, please answer the questions in Section B. A Respondent may only use one (1) Department reference. If you do not have a Department reference, please skip Section B and complete Section C of this form.						
What type of Departme	nt agreement was the					
Respondent under?						
Provide the name of the	e company operating					
under this Agreement.						
Agreement Begin and	Begin Date					
End Dates: (The	E 15 (
dates shall be in	End Date					
dd/mm/yy format)						
Department location for the operation						
Approximate gross	Monthly		Annually			
revenue/fee for the	Mortuny		Annually			
operation (monthly						
and annually)						
and annually)	Sect	ion C				
The Respondent mus	t provide a brief, but de	_	ription of the business			
	this business reference					

Performance Evaluation Questionnaire

To be completed by the Department:				
Business reference's name				
Business reference's telephone number				
Business reference's facsimile number				
Respondents' name				
Department reviewer's name				
Date of the reference check				

The follo	wing questions will be asked of the Business reference:			
Score	Question			
	1. Briefly describe the nature of the business relationship between you and the			
	Respondent? Circle one.			
	 The Respondent provides contracted services or a product to you. (4 points) You were contracted by the Respondent to provide services or a 			
	product, such as a certified public accountant or a food purveyor. (3			
	points)			
	This was a business contact. (1 point)			
	2. How long have you had a business relationship with the Respondent?			
	Circle one.			
	• 5 or more years (4 points)			
	3 to 5 years (3 points)			
	1 to 3 years (2 point)			
	Less than one year (0 points)			
	If this is/was a contract relationship, please share the length of the contract			
Yes/No	If this is/was a contract relationship, please share the length of the contract. 3. Are you satisfied with the business relationship between you and the			
163/110	Respondent? Explain.			
	Ткоронионк. Ехринн.			
	4. How would you rate the level of customer service provided by the			
	Respondent, the Respondent's representatives and employees?			
	Circle one.			
	Above Average (3 points)			
	Average (2 points)			
	Below Average (1 point)			
	Not addressed (0 points)			
Yes/No	5. Is/were there any recurring complaints or issues made by anyone who came			
	into contact with the Respondent that you are aware of? Briefly describe the			
	nature of the complaints, if any.			
Yes/No	6. To the best of your knowledge, did the Respondent make all payments on-			
	time?			
	If no how did the Respondent reconcile the late neument? Was the serrective			
	If no, how did the Respondent reconcile the late payment? Was the corrective action satisfactory to both parties?			
	action satisfactory to both parties:			
	Performance Evaluation Questionnaire, cont.			
i enormance Evaluation Questionnaire, cont.				

Yes/No	7. Did the Respondent ever violate any of the terms or conditions of your business relationship, or contract? If yes, please describe the violation and answer the additional questions below. How did the Respondent reconcile the violation? Were the corrective actions satisfactory to both parties?
Yes/No	8. To your knowledge has the Respondent ever violated any laws or ordinances during the business relationship, or the contract? This includes violation of any environmental rules, laws, or ordinances.
Yes/No	9. To your knowledge does the Respondent maintain all licenses and permits required to operate their business and/or contracted services? If no, please elaborate on the nature of the situation.
Yes/No	10. To your knowledge does the Respondent maintain all insurances required to operate their business and/or contracted services? If no, please elaborate on the nature of the situation.
Yes/No	11. Does the Respondent adequately maintain the equipment and facilities needed to run its business and/or contracted services?
Yes/No	12. Are you aware of any safety programs that the Respondent has in place, or any steps the Respondent has taken, to ensure a safe environment for employees and customers? If yes, please elaborate.
Yes/No	13. Does the Respondent maintain an adequate number of employees to run its business or its contracted services effectively?

Business reference's confirmation of this evaluation which was obtained via fax.		
Signature	Date	

The rating system is based on the number of Yes and No responses, and the responses to the multiple choice questions. For each Yes/No question answered Yes, the Respondent receives two (2) points. If the Business reference answers No to any of the Yes/No questions, zero (0) points will be awarded. A maximum score of two (2) points may be awarded per numbered Yes/No question. The total possible score a Respondent can receive is 31 points.

Exceptions:

If the Business reference answers Yes to questions 5, 7, or 8 then zero (0) points will be awarded. If the Business reference answers No to questions 5, 7, or 8 then two (2) points will be awarded.