

To participate in the Sears Holdings Supplier Diversity Program:

1. Your firm must be certified as a qualified minority-owned, woman-owned, small, disadvantaged, HUBZone, veteran-owned, or service disabled veteran-owned business. Firms can obtain certification from organizations such as the [National Minority Supplier Development Council \(NMSDC\)](#), [Women's Business Enterprise National Council \(WBENC\)](#), the [U.S. Small Business Administration](#), as well as local municipalities' certifying agencies.
2. You must submit a complete supplier information packet. A complete supplier information packet includes a fully completed [Supplier Profile Form](#), a copy of an applicable certifications (NMSDC, WBENC, Federal or Municipality), and any other supporting documentation you deem necessary. **Please do not send samples. They will be requested if needed. *Unrequested samples cannot be returned.***

Instructions for Preparing and Submitting Your Supplier Information Packet

Before Beginning to prepare your packet, we strongly suggest that you get to know our stores - visit a Kmart or Sears store. Surf our online stores at [kmart.com](#) and [sears.com](#). Familiarize yourself with our offerings. Evaluate how your product will integrate into our current assortment, and be sure to note any competitive advantages of your product compared to our existing lines.

When you fill out the [Supplier Profile Form](#), please be as detailed as possible. If your company specializes in a certain product or service above your other offerings, please be sure to highlight that product or service. Use what you learned in visiting our store to clearly and concisely articulate the value your product or service would provide to Sears Holdings and how it would fit into our product line (if merchandise). Fill out the form completely. Incomplete forms will not be accepted.

Once you have completed the [Supplier Profile Form](#), gather the rest of your materials. You will need to include:

1. Your profile form
2. A copy of your certification(s). You can submit these electronically in PDF, TIF, or JPG formats. However, please ensure that the graphic is sized appropriately for printing.
3. Any supporting documentation you deem necessary. This would include brochures, price lists, equipment lists, pictures, portfolios, presentations, information sheets, articles, press releases, etc.
4. **DO NOT SEND SAMPLES.** They will be requested, if needed.

Once you have gathered these materials, you can submit them via electronically, hard copy or via fax to:

Office of Supplier Diversity
Sears Holdings Corporation
Department 770PUR
3333 Beverly Road, A2-152A
Hoffman Estates, IL 60179
e-Mail: mwbe@searshc.com (Subject Line: Supplier Registration)
Fax: (847) 645-3819

Please allow several weeks for receipt and acknowledgement of your package. If more than a month elapses without response, please contact us via e-mail at mwbe@searshc.com to follow up.

In order to remain active with the program, you must update you information with us on a yearly basis. We encourage you to re-submit if there are any substantive changes in your business, for example, if you develop new capabilities, markets, acquisitions, or attain a larger than expected volume growth within a year. In order to effectively work with your firm, we must have the most current contact information on file for your company. Please notify us on a timely basis if this changes. Also, it is critical that we have up-to-date records on registered suppliers' certification status. Please notify us immediately of any changes, including re-certification, de-certification, and any new certifications.

Supplier Profile Form

Company Information

Has your company submitted information to SHC Supplier Diversity Previously? _____

SD Registration Number
(If known.) _____

Sears/Kmart Vendor No.
(If applicable): _____

Dun & Bradstreet (DUNS) No. _____

OR Federal Tax ID No. _____

Company Owner _____

Title _____

Company Name _____

Street Address _____

City _____

State _____

Zip _____

Telephone Number _____

Fax Number _____

Email Address _____

Website Address _____

Year business established _____

of Employees _____

Contact Information

Main Contact Name _____

Title _____

Street Address _____

City _____

State _____

Zip _____

Telephone Number _____

Fax Number _____

Email Address _____

Description of Product or Service Provided

Description of Product or Service Competitive Advantages

Description of how your product fits, compliments or enhances the current Sears product line

Is your company affiliated with any other company? If so, explain

Yes

No

My company can service these specific locations:

All stores and locations

Other

If other, please provide specific explanations of areas you can service (Regional, State, City, etc.):

Who do you consider to be your direct competitors?

Business Information

Non Merchandise Suppliers Only

What size contract does your firm historically handle? _____
What is the largest contract executed to date? _____
What is your bonding capacity
(if applicable)? _____

All Suppliers

Please indicate the total contract volume you have worked with for the past three years

2006 Sales Volume: _____	2005 Sales Volume: _____	2004 Sales Volume: _____
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Insurance

What is your company's insurance capacity? _____

Business References

Please list three companies/clients you have worked within the last three years:

Company Name _____	_____
Street Address _____	_____
City _____	State _____ Zip _____
Telephone Number _____	Contact _____
Contract Description _____	_____
Amount _____	_____

Company Name _____	_____
Street Address _____	_____
City _____	State _____ Zip _____
Telephone Number _____	Contact _____
Contract Description _____	_____
Amount _____	_____

Company Name _____	_____
Street Address _____	_____
City _____	State _____ Zip _____
Telephone Number _____	Contact _____
Contract Description _____	_____
Amount _____	_____

Company Name _____	_____
Street Address _____	_____
City _____	State _____ Zip _____
Telephone Number _____	Contact _____
Contract Description _____	_____
Amount _____	_____

Minority, Woman, Veteran and Service Disabled Veteran – Owned Business Enterprise (MWSDVBE)

I hereby attest that this firm is 51% owned, operated and controlled by a woman or minority owned vendor as show below:

- African American
- Asian American/Pacific Island American
- Hispanic American
- Person with Disability
- Native American
- Veteran/Service-disabled Veteran
- Woman

I hereby attest that this firm holds the following certifications (attach copies of certifications):

- Minority Owned Business Enterprise
- Veteran/Service-Disabled Veteran Owned Business Enterprise
- Woman Owned Business Enterprise
- Small Disadvantaged Business
- SBA 8(a) Business Enterprise
- HUBZONE Business Enterprise

Certifying Agency(ies)

North American Industry Classification System (NAICS)

Primary NAICS Code	_____	Primary US Title:	_____
Additional NAICS Codes:	_____	Additional US NAICS Titles	_____
	_____		_____
	_____		_____

Submitter's Information

Name	_____	Title	_____	Date	_____
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Return via email to mwbe@searshc.com or by FAX to 847-645-3819.