

**TravelCenters of America
Supplier Questionnaire—(Non-resale Product or Service)**

If you are presenting a non-resale product or services to TravelCenters of America, please use this form.

Company Information	
Company Name:	Telephone:
Address:	Fax:
City/State/Zip:	Web page:
Contact/Title:	E-mail address:
Date Business Established:	Dun & Bradstreet Listing No.:
Tax ID No.:	SIC/NASIC Code (if applicable):
Do you manufacture? _____	Do you contract? _____
Are you a: _____ Broker _____ Distributor _____ Manufacturer _____ Manufacturer's Rep.	
Ownership: _____ Corporation _____ Partnership _____ Sole Proprietor	

Non-resale Product/Service Information																								
Give a brief description of your product(s) or services:																								
Who are your top 3 current clients?																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 35%;">Name</th> <th style="width: 35%;">Address</th> <th style="width: 10%;">Contact</th> <th style="width: 10%;">Phone</th> <th style="width: 10%;">Volume/Units</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Address	Contact	Phone	Volume/Units	1.						2.						3.					
	Name	Address	Contact	Phone	Volume/Units																			
1.																								
2.																								
3.																								
How long have you been in business?																								
How long have you been offering this product / service?																								
Please answer the following questions concisely on separate paper, typewritten, one page maximum per question.																								
<ol style="list-style-type: none"> 1. What are the advantages of using your product or service? 2. Explain how this product or service will provide a competitive advantage to TA? 3. Where is your product produced? By whom? 4. How will your product or service save money for TA? 5. How will your product or service add speed, accuracy, and/or quality to TA's operations? 6. Who or what is your direct and indirect competition? 																								
Product/Environmental Safety: Are there any product safety or environmental safety issues associated with your non-resale product or services? _____ Yes _____ No. If the answer is yes, please provide a one-page summary of test results and identify testing agencies involved.																								

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For transportation providers only: What is your DOT safety rating? _____

How many power units do you have?

For construction and/or maintenance service providers: Provide relevant safety statistics for the past 3 years including EMR rating, OSHA reportable incidents, fatalities, etc.:

	20__	20__	20__
a. EMR Rating for past three years:			
b. Injury & Illness Related Fatalities			
c. Lost workday case injuries & illnesses involving days away from work.			
d. Lost workday case injuries & illnesses involving days of restricted work.			
Total OSHA Recordables (sum of b,c,d)			

Have you received any regulatory citations in the last three years? Yes No
If yes, please attach copies.

Please provide up to three references within TravelCenters of America and at least three outside references:

Corporation Name:	Contact:	Telephone:
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

This will certify to TRAVELCENTERS OF AMERICA that the information supplied on this form is true and correct. I will advise TRAVELCENTERS OF AMERICA promptly if any information supplied should change.

COMPANY: _____

CERTIFIED BY: (Signature) _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Thank you for your cooperation in completing this questionnaire. We appreciate your interest and will contact you after we have reviewed your proposal packet. All information supplied to us will be kept confidential. Please return this completed questionnaire, along with the other items requested in the Supplier Proposal Guide, to the address shown below. Please do not submit this questionnaire separately.

SEND YOUR PROPOSAL PACKET TO:
TravelCenters of America, Inc.
24601 Center Ridge Road, Suite 200
Westlake, Ohio 44145-5639

Please specify department:
Travel Store
Repair Shop
Restaurant
Motel
Advertising
Construction

Please specify product type:
General Merchandise
Convenience
Beverage
Services
Supply
Equipment
Parts