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| --- | --- | --- |
| Date of vetting: | | |
| Supplier name (full legal name of company): | | |
| Other names or sister companies: | | |
| Full Address: | | |
| Owners: | | |
| Manager: | | |
| Email address: | | Phone Number: |
| Type of business (corporation, private, shareholder etc): | | |
| Type of items or service specialized in:  (what do they sell) | | |
| **Capacity Information** | | |
| Years in business: | Total employees: | |
| Annual Sales: | Warehouse: | |
| Office/facility size: | Does the supplier owns its own trucks | |
| **Payment Information** | | |
| Does the supplier have a bank account in the company name? Yes No | If no, do you have a bank account in another company name or in the owner’s name? | |
| If there is no bank account, can you receive payment by check in the company name: Yes No | | |

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| **Attached documentation** |  |
| 1) Attach copies of registration documents: Yes No    If YES, add number here: | Provide Company Stamp here: |
| 2) Attached copy of Tax ID: Yes No  If YES, add number here: |
| 3) Attached copy of Owner ID: Yes No |

