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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 NoIf YES, add number here:  |
| 3) Attached copy of Owner ID: Yes No |

