

VENDOR REGISTRATION FORM

COMPANY CONTACT

COMPANY NAME			
TELEPHONE		OFFICE ADDRESS	
REGISTRATION NUMBER (CAC)			
EMAIL		WEBSITE	
POINT OF CONTACT NAME & TITLE		CONTACT EMAIL	
CONTACT PHONE 1		CONTACT PHONE 2	

COMPANY OVERVIEW

GENERAL DETAILS OF SERVICES/GOODS			
DATE OF COMPANY ESTABLISHMENT		TIN NUMBER	
LOCATION OF WAREHOUSE OR SECONDARY FACILITY		PINL SERVICE CODE	
BUSINESS TYPE		LIST OF OTHER REPUTABLE CLIENTS	
LIST OF DOCUMENTS ATTACHED			
FUNDING/FINANCING CAPACITY	5M - 20M <input type="checkbox"/> 20M - 50M <input type="checkbox"/> 50M - 100M <input type="checkbox"/> 100M - 500M <input type="checkbox"/> 500M - ABOVE <input type="checkbox"/>		
ADDITIONAL INFO			

BANKING INFORMATION

BANK NAME			
BENEFICIARY NAME		BANK ADDRESS	
ACCOUNT NUMBER			

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.			
NAME OF VENDOR/SUPPLIER		SIGNATURE /DATE	
VERIFIED BY (PINL REP)		SIGNATURE /DATE	