

Vendor Prequalification Form

Company Information

Company Name: *			
Office Address: *			
City: *		Country: *	
Office phone no.: *			
Primary Contact: *		Title: *	
Email: *		Mobile no. : *	
Secondary Contact:		Title:	
Email:		Mobile no.:	
Company Website:			
Warehouse Address:			
City:		Country:	
Other warehouses if applicable:			
Free Zone: *	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Organization

Type of Organization*:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture
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	<input type="checkbox"/> Other (please specify)
In what year was your firm established? *	
Is your company a subsidiary or affiliate of another firm? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the parent company's name? *	
Do you have branches? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state location:	
Factory location:	
Is your company certified to a formal Quality System? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list: *	

Financial

Revenue (\$) for most recent fiscal year:	
Inventory value (\$):	
Number of Employees: *	
Bank name: *	
Branch name & address: *	
Account number: *	
Account currency: *	
Swift code: *	
IBan:	

Scope

Are you a? *	<input type="checkbox"/> Manufacture <input type="checkbox"/> An Authorized Agent
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	<input type="checkbox"/> Distributor <input type="checkbox"/> Supplier
Do you offer? *	<input type="checkbox"/> Product <input type="checkbox"/> Service <input type="checkbox"/> Both
Categories: *	<input type="checkbox"/> Drilling <input type="checkbox"/> Electrical <input type="checkbox"/> Environmental Health & Safety* <input type="checkbox"/> Marine <input type="checkbox"/> Mechanical <input type="checkbox"/> Supplies
Please list all of the products and/or services*	

References

Provide at least one trade/credit references with the following information:

*

Company Name:	
Address:	
Telephone Number:	
Contact Name:	

Company Name:	
Address:	
Telephone Number:	
Contact Name:	

Company Name:	
Address:	
Telephone Number:	
Contact Name:	