

SUPPLIER INFORMATION FORM

PLEASE TYPE OR PRINT CLEARLY:

Company Name: _____

Address: _____

Telephone #: () _____ Fax#: () _____

Website: _____

COMPANY PROFILE:

Gross Annual Sales: _____ # of Employees: _____

of Years in Business: _____ Value of Current Inventory: _____

Warranty Depot Address: _____

Cash Discount Terms: _____

Authorized Dealer for the following products: _____

KEY REPRESENTATIVE (S):

Name: _____ Position: _____

Telephone #: () _____ Fax#: () _____

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