

Vendor Registration Form

Vendor Details

- Company Name: _____
- Contact Person: _____
- Address: _____
- Phone Number: _____
- Email Address: _____
- Website: _____

Registration Details

- Vendor Category: _____
- Registration Date: _____
- Payment Terms: _____

Checklist for Registration

- Business License attached
- Tax Identification Number provided
- Bank Account Details verified

Table for Registration Data

Field Name	Data Provided	Verified By	Date
Business License			
Tax ID			
Contact Information			
Bank Details			

Approval

Registered By: _____

Date: _____