

# Vendor Verification Form

## Vendor Details

- Vendor Name: \_\_\_\_\_
- Business Registration Number: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Verification Checklist

- Business license verified
- Tax Identification Number provided
- Compliance with industry standards verified
- References provided

## Table for Verification Documents

Document Name	Submitted	Verified By	Date
Business License			
Tax Certificate			
Industry Certification			
References			

Verifier's Comments: \_\_\_\_\_

Verifier's Signature: \_\_\_\_\_

Date: \_\_\_\_\_