

# Vendor Management Registration Form

## Company Details:

- **Company Name:** \_\_\_\_\_
- **Business Type:**  Manufacturer  Distributor  Retailer  Service Provider  Other: \_\_\_\_\_
- **Registration Number:** \_\_\_\_\_
- **Office Address:** \_\_\_\_\_
- **Website URL (if any):** \_\_\_\_\_

## Point of Contact:

Name	Position	Phone Number	Email

## Service Area/Region:

- **Primary Service Region(s):** \_\_\_\_\_

## Compliance Information:

- **Do you adhere to safety and quality standards?**  Yes  No  
If yes, list certifications: \_\_\_\_\_
- **Is your company insured?**  Yes  No

## Payment Information:

- Preferred Payment Method:  Check  Direct Deposit  Other:

\_\_\_\_\_

- Payment Terms:  Net 30  Net 60  Other: \_\_\_\_\_

**Acknowledgment:**

I, the undersigned, acknowledge that the provided information is correct and up-to-date.

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