



VENDOR REGISTRATION

Vendor Information

Company Name	
Address	
City, State, Country, Code, etc.	
Tel No. (main)	
Website	
Hours of Operation	

Contact Information

Name	
Title and Department	
Work Tel No.	
Fax Tel No.	
Mobile No.	
Email Address	

Subsidiary

If Co. above is a Subsidiary, Parent Co. Name is?	
Indicate with "X" if Subsidiary is Partially or Fully Owned	Partially Owned <input type="checkbox"/> Fully Owned <input type="checkbox"/>

Detailed Information

Type of Business Indicate with "X".	Corporate <input type="checkbox"/> Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>				
Nature of Business	Manufacturer	Authorized Agent	Trader	Consulting Firm	Other
Year Established	No. of Full-Time Employees	Trade License / License No.	Commercial Registration No.		



Financial Information

Bank Name	
Bank Address	
Account Name	
Account Number	
Swift Code / BIC Address	
Attachments:	Attach Vendor Balance and Income Statement OR the Company's Annual Report to Shareholders statement. Attached documents must indicate they are Certified and/or Officially Audited.
Annual Sales for Last 3 Years	Total Sales _____ Export Sales _____
Payment Terms	<input type="checkbox"/> ____ days <input type="checkbox"/> 40 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days

References

Reference 1

Company Name	
Contact Name	
Title and Department	
Work / Fax	
Email Address	

Reference 2

Company Name	
Contact Name	
Title and Department	
Work / Fax	
Email Address	

Reference 3

Company Name	
Contact Name	
Title and Department	
Work / Fax	
Email Address	



Quality, Technical and Capability

ISO 9000 Certified or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach latest copy								
International or National Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach latest copy								
List core Goods or Services Vendor provides.	<table border="1"><thead><tr><th>No.</th><th>Description</th></tr></thead><tbody><tr><td>1.</td><td></td></tr><tr><td>2.</td><td></td></tr><tr><td>3.</td><td></td></tr></tbody></table>	No.	Description	1.		2.		3.		
No.	Description									
1.										
2.										
3.										
Countries Exported Or Projects Managed in the last 3 years?	<table border="1"><thead><tr><th>No.</th><th>Countries</th></tr></thead><tbody><tr><td>1.</td><td></td></tr><tr><td>2.</td><td></td></tr><tr><td>3.</td><td></td></tr></tbody></table>	No.	Countries	1.		2.		3.		
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1.										
2.										
3.										
Related Party Transaction	Is the Vendor a relative, close friend, etc. of any employee at ASCS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe relationship:									
Certification	I, the undersigned, warrant that the information provided in this form is correct, and in the event of changes details will be provided as soon as possible: <table border="1"><tr><td>Name</td><td></td></tr><tr><td>Title</td><td></td></tr><tr><td>Signature</td><td></td></tr><tr><td>Date</td><td></td></tr></table>		Name		Title		Signature		Date	
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