

Annex-D

AABRAR Supplier Information Form

*The information provided will be used to evaluate supplier before contracting with the AABRAR.
Please complete all fields.*

Supplier Information

Company Name	
Company Tax Identification Number (TIN)	
Address	
Website	
Phone/Fax Numbers	Phone: _____ Fax: _____
Primary Contact	Name: _____ Phone Number: _____ Email Address: _____
# of Staff	
# of Locations	
Avg. \$ Value of Stock on Hand	
Name(s) of Company Owner(s) or Board of Directors	

Financial Information

Bank Name and Address	
Name under which company is registered at bank	
Company Bank Account #	

Routing Transfer Number (RTN)	
Swift Code	
Payment Terms	Payment By: <u>Check</u> Yes No <u>Wire Transfer</u> Yes No
Name of Authorized persons	
Authorized Sign:	