

SUPPLIER REGISTRATION FORM

A. COMPANY INFORMATION

REGISTERED NAME OF COMPANY	
PHYSICAL ADDRESS	
POSTAL ADDRESS	
TELEPHONE	
FAX	
COMPANY WEBSITE	
EMAIL	
CONTACT PERSON FOR ENQUIRIES	
YEARS IN OPERATION	
TYPE OF OWNERSHIP	<ul style="list-style-type: none"> Sole Proprietorship Partnership Private Limited Liability Company Public Company/Corporation
NUMBER OF EMPLOYEES	
CEO/MANAGING DIRECTOR	
GENERAL MANAGER	
FINANCE MANAGER	
VAT REGISTRATION NUMBER	
NIS REGISTRATION NUMBER	

PLEASE ATTACH THE FOLLOWING DOCUMENTS

- Certificate of Registration
- Vat Certificate for Local Suppliers/Contractors

B. FINANCIAL INFORMATION

Name of Banker	
Address	
Contact Name	
Contact Telephone Number	
Is there any claim, judgement, litigation charges or arbitration pending against your company?	
If yes, please provide details	
What credit terms are you offering to us?	30 days 45 days 90 days Other(<i>specify</i>) _____

<p>Please attach the following Audited Financial Statements or Management Accounts for the last three (3) years of operations:</p> <ul style="list-style-type: none"> ● Income Statement ● Balance Sheet ● Cash Flow Statement ● Bank Letter (For companies in operation less than 3 years)
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C. LIST OF AUTHORISED SIGNATORIES

NAME	POSITION	SIGNATURE

D. CUSTOMER REFERENCES

NAME	ADDRESS	TELEPHONE

