

**DALLAH HOSPITAL
PURCHASING DEPARTMENT**



REGISTERED VENDOR INFORMATION SHEET

DATE:

COMPANY NAME: _____

ADDRESS : _____

TEL. # 1. _____ 2. _____ FAX # _____

GENERAL MANAGER: _____ MOBILE/PAGER _____

SALES MANAGER : _____ MOBILE/PAGER _____

AUTHORISED SALES REP: _____ MOBILE/PAGER _____

TYPE OF BUSINES: _____

ESTABLISHED IN: _____

BUSINESS TURN OVER: _____

TOTAL STOCK VALUE: _____

NO. OF EMPLOYEES: _____

REMARKS: _____

AGREED FOR **60** DAYS CREDIT PAYMENT TERMS.

ATTACH FOLLOWING DOCUMENTS:-

COMPANY PROFILE

COPY OF DISTRIBUTION AGREEMENT, TRADE LICENCE AND COMMERCE LICENCE.

COPY OF MINISTRY OF TRADE REGISTRATION, CHAMBER OF COMMERCE.

NAME OF THE TWO LEADING CUSTOMERS AND THEIR ADDRESS.

COPY OF SOME PURCHASE ORDERS FROM THE LEADING CUSTOMERS.

ALL THE ABOVE GIVEN INFORMATIONS ARE CORRECT.

GENERAL MANAGER
SIGNATURE:

(COMPANY STAMP)

NOTE: PLEASE FILL THIS FORM AND SUBMIT TO PURCHASING DEPT. WITH COMPLETE DOCUMENTS.
WE WILL NOT CONSIDER ANY INCOMPLETE DOCUMENTS FOR REGISTRATION.