



APW-QMS-P17-003

## SUPPLIER PROFILE FORM

### Company Detail

Registered Name:		NTN:	
		STRN:	
Trading Name:		Office Tel:	
Registered Address:		Factory Tel:	
Factory Address:		Fax:	
Type Of Company:	Public - Private Limited - Proprietorship - Partnership	Email:	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

### Contact information

Sales Contact:		Tel:	
		Mobile:	
<u>Plant Manager Contact: (If other than above)</u>		<u>Finance Contact: (If other than above)</u>	
Name:		Name:	
Designation:		Designation:	
Contact Number:		Contact Number:	
Email:		Email:	
<u>Quality Manager Contact: (If other than above)</u>		<u>Engineering Manager Contact: (If other than above)</u>	
Name:		Name:	
Designation:		Designation:	
Contact Number:		Contact Number:	
Email:		Email:	
<u>Customer Service Representative: (If other than above)</u>		<u>Additional Contact: (If other than above)</u>	
Name:		Name:	
Designation:		Designation:	
Contact Number:		Contact Number:	
Email:		Email:	

Financial Details

Est. Business Capital (In Pak. Rs.):		Estimated Turnover Yearly (Volume): _____
		Estimated Turnover Yearly (Value): _____
Quality Registration/Accreditation Status(Attach All Certificates):		Trade References (please specify at least 2 major Customers):
_____		1. _____
_____		2. _____
_____		3. _____
Type of Business:	1. Manufacturer _____ 2. Trader _____	Customer's Authorized signature with designation, seal and date:
Payment Terms:		
Credit Limit in Rs. and Days:	_____ / _____	

For Office Use Only

Department Review(Product Manager / Dep. Head):

Recommendation (Must for New Customer):

Date:

Signature:

Status

Signature:

