Mercy Corps
Simple Supplier Information Form (Direct/Micro Purchases)

Please complete all fields. (Bold Red Fields required by ProSource)

Supplier Information

Supplier Name	***Name***
Address	***City, Country, Postal Code***
Phone/Fax Numbers	Phone: Phone Fax:
Primary Contact	Name: Phone Number: Email Address:
Supplier Registration *(if applicable)*	

Financial Information

Bank Name and Address *(please provide on company letterhead)*	
Name under which company is registered at bank	
Default Currency	
Payment Method	Payment By: Check Yes | No Wire Transfer Yes | No Cash Yes | No *(is this common for very small suppliers? -)*
Specify Standard Payment Terms (Net15, 30, etc.)	*Default to Net 1 if no preference*

Form submitted by (Mercy Corps Representative): _____

When Supplier provides financial/bank account information, please fill out below:

I _____ representative of above noted supplier has completed and reviewed this form to confirm the accuracy of information provided:

Name _____

Title _____

Signature _____

Date* _____

*Supplier to be re-authorized one year from this date.