



# Mercy Corps

## Simple Supplier Information Form (Direct/Micro Purchases)

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

### Supplier Information

Supplier Name	<b>Name</b>
Address	<b>City, Country, Postal Code</b>
Phone/Fax Numbers	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: <u>Check</u> Yes   No <u>Wire Transfer</u> Yes   No <b>Cash</b> Yes   No (is this common for very small suppliers? - )
Specify Standard Payment Terms (Net15, 30, etc.)	<b>Default to Net 1 if no preference</b>

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.