



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: _____ 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 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.

Supplier Information Form

MC Employee Initial _____