

# Company Vendor List

## 1. General Information

- **Vendor Name:** [Enter Name]
- **Contact Person:** [Enter Name]
- **Phone Number:** [Enter Number]
- **Website:** [Enter URL]

## 2. Address Details

- **Street Address:** [Enter Street Address]
- **City:** [Enter City]
- **State/Province:** [Enter State or Province]
- **Postal Code:** [Enter Postal Code]
- **Country:** [Enter Country]

## 3. Business Details

- **Vendor ID/Code:** [Enter Unique ID]
- **Type of Products/Services:** Office Supplies, Cleaning Services, Maintenance Services, Catering Services, Transportation Services
- **Specialization:** Bulk Office Supply Distribution, Facility Management, Corporate Event Catering
- **Payment Terms:** [Enter Payment Terms]
- **Preferred Payment Method:** [Enter Payment Method]

## 4. Additional Notes

- **Certifications:** ISO 14001, HACCP Certified
- **Delivery Lead Time:** [Enter Timeframe]
- **Remarks:** [Enter Notes]