### **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]