



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.