



SUPPLIERS FORM-f02

RESET FORM SAVE PRINT

Please fill the form in ENGLISH and in CAPITAL LETTERS.
Required fields.
Before we move forward, As required & prior to receiving any quotes, please confirm your understanding and acceptance of the terms.

Date:

COMPANY NAME: # _____

CONTACT PERSON: _____ **PHONE NO:** _____

MOBILE NO: _____ **EMAIL ADDRESS:** _____

WEBSITE (IF ANY): _____ **REGISTERED ADDRESS:** _____

TYPE OF ENTITY: # **LIMITED COMPANY** **UNLIMITED COMPANY** **PARTNERSHIP** **SOLE TRADER**

TYPE OF BUSINESS: # **SCRAP PROCESSING** **WASTE MANAGEMENT** **SCRAP RECYCLING** **AGENT/TRADER**

FIRM REGISTRATION NO: _____ **VAT NO (IF ANY):** _____ **GST NO (IF ANY):** _____

PORT OF LOADING: # _____ **SHIPPING TERMS: #** _____

INSPECTION PROCEDURE: # _____

PREFERRED CNTR SIZE: # _____ **PACKING:** _____

PRODUCT DISCRIPTION #	ISRI GRADE	ATTACHMENT / IMPURITIES #	QUANTITY PER WEEK OR MONTH

NOTES (if any)