|  |
| --- |
| Contact Information |
| Company Name |  | Date |  |
| Contact Name |  | Title |  |
| Email |  | Phone |  |
| Physical Address |  |
| City, State, Zip |  |
|  |
| Billing Information |
| Contact Name |   | Title |   |
| Email |   | Phone |   |
| Billing Address |  |
| City, State, Zip |  |
|  |
| Additional Contact *(If applicable)* |
| Contact Name |   | Title |   |
| Email |   | Phone |   |
|   |
| Quality Information |
| Professional organization memberships (ISRI, IMA, etc.) |
|  |
| Quality, Environmental, Health & Safety certifications (ISO, RIOS, etc.) |
|  |
| Shipping/Receiving requirements (Scheduling, pickup/delivery numbers, etc.) |
|  |

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| --- |
| *For Office Use Only* |
|  |
| Purchaser |
|  |  | Entered information in to Contact Data Base & Purchase Order Book |
|   |  | Notified supplier of non-conforming materials & shipping/receiving requirements |
|   |  | Collected Safety Data Sheet of materials from supplier, to QEH&S Manager |
|  |
| Payment Terms |  |
|  |  |
| Approval |  |
|   | Controller, VP, or President - Signature & Date |