|  |  |  |  |
| --- | --- | --- | --- |
| 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.) | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *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 |