



# Supplier Information Sheet

Please complete this form and fax or email it along with a current W-9 to accounting at 703-955-7540 or sales@firstlinetech.com. Your company cannot be set up without the receipt of a completed supplier information form and current W-9.

## Supplier Information

Supplier Name: \_\_\_\_\_  
Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Remittance Address

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Product Return Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Key Contacts

Customer Service Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Accounting Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Sales Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## General Information (Please answer all questions)

Vendor Type:  Manufacturer  Distributor  Service Provider  
Diversity Ownership:  Minority  Woman  Disabled Veteran  Other \_\_\_\_\_

What is your minimum order quantity or minimum dollar value (if any)? \_\_\_\_\_

What are your payment terms? (Our standard terms are Net 30) \_\_\_\_\_

Will you drop ship to customers?  Yes  No Drop ship fee, if applicable: \_\_\_\_\_

Do you offer prepaid freight?  Yes  No Minimum PO value for prepaid freight: \_\_\_\_\_

Do you have insurance coverage?  Yes  No If yes, please send Certificate of Insurance with form.

Type of insurance coverage:  Product Liability  General  
*\*\*If you are supplying materials to First Line Technology, LLC, please list us as additional insured before supplying.\*\**

Do you have a certified quality program?  Yes  No If yes, what is its name? \_\_\_\_\_ Exp. Date: \_\_\_\_\_

If no, list Qualification Reason: \_\_\_\_\_

Warranty and Return Policy: \_\_\_\_\_

Briefly describe your product and/or service offering: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Date Received: \_\_\_\_\_  
Supplier Number: \_\_\_\_\_  
Approved:  YES  NO  
Approved by: \_\_\_\_\_ Rev 3\_01222015