



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: Phone Fax:
Primary Contact	Name: Phone Number: Email Address:
Supplier Registration <i>(if applicable)</i>	

Financial Information

Bank Name and Address <i>(please provide on company letterhead)</i>	
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 <i>(is this common for very small suppliers? -)</i>
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.