

D Purchasing Requirements

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Please print this form, type in your company's information and fax to: 423 587-5170, Attn: Joe Stevens - Purchasing Dept.

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Company Information

Company Name _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Number of Employees _____

Year Co. Established _____

Annual Sales _____

Pricing Per Unit _____

Contact Person(s)

Primary Contact _____ Secondary Contact _____

Title _____ Title _____

Telephone _____ Telephone _____

Company Data

Legal Form (Partnership, Corporation, etc?)

Company Assets

Location(s)

Product Range

Certifications/Quality Awards

Specific Product, Manufacturing, Technologies or Features

References