## **Supplier Information Form**

The information provided will be used to evaluate the Company for Eligibility to contract with Mercy Corps.

***Please complete all fields.***

**Supplier Information**

|  |  |
| --- | --- |
| Company Name |  |
| Any other names company is operating under (Acronyms, Abbreviations, Aliases) |  |
| Previous names of the company |  |
| Address |  |
| Website |  |
| Phone/Fax Numbers | Phone: Fax: |
| Primary Contact | Name:  Phone Number:  Email Address: |
| # of Staff |  |
| # of Locations (please list) |  |
| Avg. Value of Equipment and Materials on Hand (USD) |  |
| Government - owned (yes/no) |  |
| Name(s) of Board of Directors if any |  |
| Name(s) of Company Owner(s) |  |
| Parent companies, if any |  |
| Subsidiary or affiliate companies, if any |  |