

SUPPLIERS REGISTRATION FORM

Contact Person:	Company Name:
Designation:	Address:
Mobile:	Phone:
Email:	FAX:
URL:	Bank & Branch:
Account No.:	

#ID	Item Description	Price 1	Price 2	Price 3	Price 4	Price 5	Availability per week
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Date

Supplier Signature