



Supplier Application Form

GENERAL INFORMATION

Company Name: _____ Website Address: _____

Alternative Name(s): _____ Type of Ownership: - Public - Private

Parent Company Name: _____ - Other _____

Minority Certified Supplier (Y/N): _____ Woman Owned Business (Y/N): _____ Veteran Owned Business (Y/N): _____

Other Type of Business: _____ (Please attach copies of all certifications to / with this application)

Primary products/ components/ service offered: _____ (Please attach/submit a presentation of your company for consideration)

Unique or Innovative Product(s) or Service(s):

Total Annual Sales: US \$ _____ Number of Employees: _____

	Name:	% of Sales:	Primary Product or Service
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Top Three Customers:

LOCATION INFORMATION

Main Office Location:

Address: _____

City: _____

State/Province: _____ Country: _____ Postal Code: _____

Facility Phone: _____ Facility Fax: _____

Manufacturing/Service Location:

Address: _____

City: _____

State/Province: _____ Country: _____ Postal Code: _____

Facility Phone: _____ Facility Fax: _____

Production Hours: _____ to _____ Shifts: 1st _____ 2nd _____ 3rd _____

	Yes/No	Future Plan	Other Certifications (Please list below):
Quality & Other			_____
Certifications:			_____

CONTACT INFORMATION

<p>Sales Contact:</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Title: _____</p> <p>Email: _____</p> <p>Phone Number: _____</p>	<p>Executive Contact:</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Title: _____</p> <p>Email: _____</p> <p>Phone Number: _____</p>
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Please send completed form and company profile / information to: purchasing@inoacusa.com and it will be routed accordingly.