

# Supplier Inquiry Form

Please fill out this form to submit your company's details and demonstrate your capability to meet our quality requirements.

## 1. Company Information

Company Name:

Contact Person:

Email Address:

Phone Number:

Company Address:

Company Website:

## 2. Product/Service Information

Product/Service Name:

Description / Specifications:

Standard Lead Time:

Minimum Order Quantity (MOQ):

## 3. Quality Certification Requirements

Please indicate which certifications your company holds (attach copies if available):

☐

ISO 9001

☐

ISO 14001

☐

GMP

☐

FSC

☐

Other:

Please specify

Upload Certification Documents:

Choose File

No file selected

Certifications Expiration Date(s):

List expiration dates by certificate

4. Additional Information

Previous Client References (Optional):

Company, Contact, Email/Phone

Additional Comments or Information:

Submit Inquiry