**FILE**

|  |  |
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| **SUPPLIER INFORMATION** | FOR-DC-37 |
| Versión 00 |
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|  |  |
| --- | --- |
| COMPANY NAME |  |
| TAX ID |  |
| NCAGE CODE |  |
| ADDRESSE |  |
| TELEPHONE NUMBER |  |
| WEBSITE |  |
| COMPANY EMAIL |  |
| CATEGORY OF REGISTRATION |  |
| GROUP OF REGISTRATION |  |
| CLASS OF REGISTRATION |  |
| GOOD SPECIFICATION(You must consign the good(s) or service(s) according to the category/Group/Class)  |  |
| **LEGAL ATTORNEY** |  |
| NAME |  |
| ID (COUNTRY OF ORIGIN) |  |
| ADDRESSE |  |
| TELEPHONE NUMBER |  |
| EMAIL |  |
| **COMMERCIAL DIRECTOR** |  |
| NAME |  |
| ID (COUNTRY OF ORIGIN) |  |
| ADDRESSE |  |
| TELEPHONE NUMBER |  |
| EMAIL |  |