



Supplier Evaluation Form

Submitted by: _____ Date: _____

General Company Information

Company Name: _____ Type of Business: _____

Company Address: _____

City: _____ State: _____

Postal / Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Website URL: _____

Number of Employees: _____ Number of locations: _____

Contact Details

Management Contact

Full Name: _____ Title / Position: _____

Mobile: _____ Phone: _____ Email: _____

Marketing/Sales Contact

Full Name: _____ Title / Position: _____

Mobile: _____ Phone: _____ Email: _____

Accounts Contact

Full Name: _____ Title / Position: _____

Mobile: _____ Phone: _____ Email: _____

Company Particulars

Are you a Distributor or Retailer?

How long has your company been in business as presently organised?

Please provide a brief background of your company:

What are your principal products/services/ranges?

Please list principal clients for whom you have supplied work in the past two (2) years:

Is there any additional information you would like to tell us?

Thankyou for taking the time to complete this form.
Please click submit below to complete your application.

Please return this via email to **info@auspen.com** or fax it to us at **+61 3 9534 1633**.

Thankyou from the AusPen Team.