Supplier Information Questionnaire

Supplier Information			
Supplier Name			
Address			
Company Registration Number		Vat Number	
Accounts Details			
Accounts Email			
Accounts Phone Number			
Bank Name			
Sort Code			
Account Number			
Operational Contact & Policies			
Main Contact Name:	Position:	Telephone:	Email:
Services Offered			

Please list all professional memberships or accreditations held for the services offered.				
Does the company have ISO9001, ISO14001, or IS018001 status?	☐	*Yes - Please provide copies*	☐	*No - Please provide copies of Health & Safety, Quality, Equal Opportunities and Environmental policies.*
Are all your employees legally entitled to work in the UK?	☐	*Yes*	☐	*No*

Insurance Policy			
Insurance - *Please attach Copies.*	Limit	Expiry	Copy Attached
Employers & Public Liabilities			☐
Professional Indemnity			☐
Vehicle Insurance			☐

Trade References - *Please Provide Two References*			
Company		Company	
Address		Address	
Phone Number		Phone Number	
Email Address		Email Address	

Declaration

Commercial Operator Training Solutions Ltd, operates a purchase order system, please ensure purchase orders are obtained to ensure payment.

I hereby declare that all of the data and information contained within this documentation and all supporting documentation is correct & true to the best of my knowledge; & that by signing below agree to credit terms of month end plus 30 days.

Print _____ Position _____

Sign _____ Date _____