



## Vendor Registration Form

Doc. No. QF-Reg-01

Rev No. 00

Date of Issue: Jan 2024

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### Vendor Registration Form

Thank you for your interest in becoming a vendor for Adriatic Engineering Solutions. Please complete the following form accurately to initiate the registration process.

#### **Company Information:**

1. Company Name:
2. Company Address:
3. City:
4. Country:
5. Postal Code:
6. Company Phone Number:
7. Company Email:
8. Company Website:

#### **Contact Information:**

1. Contact Person's Name:
2. Contact Person's Position:
3. Contact Person's Phone Number:
4. Contact Person's Email:

#### **Legal Information:**

1. Legal Structure of the Company (e.g., Sole Proprietorship, Partnership, Corporation, etc.):
2. Registration Number:
3. Date of Registration:
4. Tax Identification Number (TIN):
5. VAT Registration Number (if applicable):



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### **Business Details:**

1. Brief Description of Your Company's Business Activities:
2. How many years has your company been in operation?
3. Does your company have experience in providing drilling fluids and production chemicals? (Yes/No)
4. If yes, please provide details of previous projects or clients:

### **Certifications and Accreditations:**

Please provide copies of the following certifications and accreditations if applicable:

1. ISO Certification:
2. Health, Safety, and Environment (HSE) Certification:
3. Other Relevant Certifications:

### **Financial Information:**

1. Annual Turnover (in local currency):
2. Bank Name:
3. Bank Address:
4. Bank Account Number:
5. Swift Code:

### **References:**

Please provide at least two professional references:

1. Company Name: Contact Person: Phone Number: Email:
2. Company Name: Contact Person: Phone Number: Email:

### **Additional Information:**

Are there any other details or qualifications about your company that you would like us to know?



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### **Declaration:**

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in disqualification from becoming a vendor for the company.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this completed form along with any required documents to [Company Name]'s procurement department for review and consideration. Thank you for your interest in partnering with us. We will contact you shortly regarding the status of your application.

[Company Name] [Company Address] [Company Phone Number] [Company Email] [Company Website]