



NEW SUPPLIER INTEREST FORM

ATTENTION

(Department): _____

Date: _____

Company

Name _____

Address _____

City, State _____

Telephone # () _____

Zip _____

FAX: () _____

Contact Information

Name _____

Address _____

City, State _____

Telephone # () _____

Zip _____

FAX: () _____

Does your company hold any certification to a safety or quality standards?

Yes

No

Please specify: _____

Comments on how working with your company will benefit Pries.

Thank you for submitting information on wanting to be a vendor for Pries Enterprises. Your contact information will be given to the correct department.

Please do not contact Pries Enterprises. Pries Enterprises will contact you.