



REQUEST OF SUPPLIERS INFORMATION

DATE: ___/___/___

1.- COMPANY IDENTIFICATION:
 COMPANY NAME:
 REGISTRATION INFORMATION:
 RECORD DATE:
 LEGAL REPRESENTATIVE:
 ADDRESS:
 COMMERCIAL RAMO:
 CITY:
 STATE:
 PHONE NUMBER:
 MOVIL NUMBER:
 FAX NUMBER:
 EMAIL:
 VENDOR NAME:

Legal Representative Signature and Seal

2.- MANAGEMENT SYSTEM QUALITY
 QUALITY MANAGEMENT SYSTEM ISO 9001
 AMBIENTAL MANAGEMENT SYSTEM ISO 14001
 SAFETY AND OCCUPATIONAL HEALTH OHSAS 18001
 LABORATORY MANAGEMENT SYSTEM ISO 17025
 OTHER STANDARDS (SPECIFY):
 ASTM, AISC, ACI, API, ASME

3.- ADDITIONAL REVENUES:

- PRODUCTS CATALOG
- SHEETS UPDATED PRODUCTS SUPPLIED
- LIST OF MAJOR CUSTOMERS WITH INDICATION OF CONTACT PERSON NAME, E-MAIL, PHONE, FAX AND BUSINESS ADDRESS

4.- EXCLUSIVE INFORMATION FOR USE OF UNICON

- SOCIETY
 INDUSTRIAS UNICON, C.A.
- CLASSIFICATION OF SUPPLIER
 Critical Purchases
 Noncritical Purchases
 Others Purchases
- ART GROUPS. KEY TO PROVIDE:
- PAYMENT CONDITION:

REVISED:	APPROVED:
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