



USE THIS FORM TO RECORD INFORMATION ABOUT CURRENT AND ALTERNATE SUPPLIERS AND VENDORS, AS WELL AS CUSTOMERS AND OTHER KEY CONTACTS.

CONTACT TYPE:		
Current Supplier/Vendor	Backup Supplier/Vendor	Key Customer/Contact
Company /Individual Name:		
Account Number:		
Materials/Service Provided:		
Street Address:		
City, State, Zip:		
Company Phone:		
Website:		
Company Representative		
Primary Contact:		
Title:		
Office Phone:		
Mobile Phone:		
E-mail:		
Alternate Contact:		
Title:		
Office Phone:		
Mobile Phone:		
E-mail:		
Notes:		
Last Updated:		
Next Update:	OFB-EZ® is	a program of the Insurance Institute for Business & Home Saf