

## Information sheet for registration/update of suppliers



DATE	
RAZON SOCIAL	
BUSINESS NAME	
TIN	
PHONE	
E-MAIL	
MAIN ECONOMIC ACTIVITY	
ADRESS	
CITY	
STATE	
COUNTRY	

### COMERCIAL CONTACT

FULL NAME	
POSITION	
PHONE	
E-MAIL	

### FINANTIAL CONTACT

FULL NAME	
POSITION	
PHONE	
E-MAIL	

SUPPLIER SIGNS CONFIDENTIALITY AGREEMENT*	
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### BANK INFORMATION

#### PRINCIPAL ACCOUNT

BANK	
ACCOUNT NUMBER	
BENEFICIARY	
CURRENCY	
IBAN	
ABA	
SWIFT	
PHONE	
E-MAIL	

**THE BANK ACCOUNT MUST BELONG TO THE COMPANY NAME MENTIONED**

**CREDIT LINE ASSIGNED TO COPEVAL**

AMOUNT	
PAYMENT CONDITION (DAYS)	

The legal representative must attach a photo copy of the identity document (DNI or Passport)

.....  
Signature and stamp of the Legal Representative

\*Optional