



N.S. INTERNATIONAL, LTD.

PURCHASING PRE-QUALIFICATION PACKET

Company Information

Company Name: _____

Company Address: _____

Company Phone: _____

Contact Person: _____

Tax ID or SSN: _____

Duns #: _____

Parent Company: _____

Nature of Business: _____

Year Business Established under current name: _____

Current Number Employees: _____

Please Attach W-9

Mark with "X"

- Individual Sole Proprietorship
- General Partnership
- Corporation
- Joint Venture (JV)
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- Limited Partnership (LP)
- Assumed Business Name (ABN)

Corporate Headquarters Information

Corporate HQ Name: _____

Corporate HQ Address: _____

Corporate HQ Phone: _____

Corporate Website: _____

Corporate Contact Name: _____



N.S. INTERNATIONAL, LTD.

Principals Names

Titles

% Ownership

Work Qualified to Perform: _____

Trade License Number: _____

Countries where you work: _____

Business Classification

Certificate #

Expiration Date

- | | |
|---|-------|
| <input type="checkbox"/> MBE – Minority Business Enterprise | _____ |
| <input type="checkbox"/> WBE – Woman Business Enterprise | _____ |
| <input type="checkbox"/> Veteran – Owned Business | _____ |
| <input type="checkbox"/> Veteran – Disabled Veteran Owned | _____ |

Please send a copy of your certificate(s)

Trade and Bank References

Please provide 3 current professional references

	Company Name	Contact Name	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



N.S. INTERNATIONAL, LTD.

Financial

Please provide most recent 3 years audited financial statements. If your company does not have audited financials, please attach most recent past 3 years financials.

The Purchasing Team would like to thank you in advance for your information.

Please email your completed packet to purchasing@nsg-r-na.com