



Key Supplier / Vendor

Use this form to record information about your current suppliers and those you could use as an alternate choice.

Disaster-induced operational problems are not always connected to property damage. They include disruptions in the flow of supplies and in the ability to ship those goods or deliver services. Your ability to resume operations also relies on the ability of your suppliers to deliver what you need on time.

You can download copies of this form from: http://www.disastersafety.org/business_protection.
Save a blank version so you can make additional copies as needed.

Status:	<input type="checkbox"/> Current Supplier/Vendor		<input type="checkbox"/> Back-Up Supplier/Vendor	
Company Name:				
Account Number (if relevant):				
Materials/Service Provided:				
Street Address:				
City, State, Zip:				
Company Phone (main):				
Website Address:				
Contacts				
Primary Contact:		Title:		
Phone:		Mobile:		
Pager:		Fax:		
E-mail:				
Alternate Contact:		Title:		
Phone:		Mobile:		
Pager:		Fax:		
E-mail:				
Recovery Notes:				