

# SUPPLIER APPLICATION



العمادي  
al emadi

## + ADDRESS

Company	<input type="text"/>
Street	<input type="text"/>
Zip Code / City	<input type="text"/>
Country	<input type="text"/>
URL	<input type="text"/>

## + CONTACT

Name	<input type="text"/>		
Department	<input type="text"/>	Position	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
E-Mail	<input type="text"/>		

## + COMPANY PROFILE

Legal form	<input type="text"/>	Year of foundation	<input type="text"/>
Year of Turnover	<input type="text"/> <input type="text"/> <input type="text"/>	Number of employees	<input type="text"/>
Turnover p.a. (last 3 years)	<input type="text"/> <input type="text"/> <input type="text"/>	Locations	<input type="text"/>
Product range	<input type="text"/>	References	<input type="text"/>

## + YOUR MESSAGE

## + COMMODITY GROUPS

<input type="checkbox"/> Wood, Covering & edges	<input type="checkbox"/> Lighting
<input type="checkbox"/> Metal	<input type="checkbox"/> Seats
<input type="checkbox"/> Accessories	<input type="checkbox"/> Synthetics
<input type="checkbox"/> Stones & Solid Surfaces	<input type="checkbox"/> Raw & working materials & additives
<input type="checkbox"/> Fixtures	<input type="checkbox"/> Glass
<input type="checkbox"/> Installation	
<input type="checkbox"/> Services:	<input type="text"/>



Please send us the completed form via email to [contact@alemadicontracting.com](mailto:contact@alemadicontracting.com)



SEND APPLICATION