



Open for Business Worksheet Supplier Contact Information



Use this form to:

1. Keep a list of the major suppliers you need to contact in the event of a disaster, and
2. Know what their disaster plans are in the event that they experience a disaster.

Make additional copies as needed.

Keep one copy of this list in a secure place on your premises and another in an off-site location.

SUPPLIERS

1. Company Name: _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Contact Name: _____ Account Number: _____
Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

1A. Company Name: _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Contact Name: _____ Account Number: _____

2. Company Name: _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Contact Name: _____ Account Number: _____
Materials/Service Provided: _____

If this company experiences/ a disaster, we will obtain supplies/materials from the following:

2A. Company Name: _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Contact Name: _____ Account Number: _____



3. Company Name: _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Contact Name: _____ Account Number: _____
Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

3A. Company Name: _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Contact Name: _____ Account Number: _____

4. Company Name: _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Contact Name: _____ Account Number: _____
Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

4A. Company Name: _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Contact Name: _____ Account Number: _____