



*This Section is For Internal Use Only:*

Registration ID \_\_\_\_\_  
Registration KEY \_\_\_\_\_

**I. Supplier Name Set-up**

Supplier/Company Name \_\_\_\_\_  
DUNS Number \_\_\_\_\_ \* DUNS number is required  
Address - Line 1 \_\_\_\_\_  
Address - Line 2 \_\_\_\_\_  
Address - Line 3 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Providence \_\_\_\_\_  
Country \_\_\_\_\_  
Time Zone i.e. EST \_\_\_\_\_

**II. Contact Information - A minimum of 2 contacts are required:**

Name/Contact User \_\_\_\_\_  
Job Title \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Work e-mail Address \_\_\_\_\_

Name/Contact User \_\_\_\_\_  
Job Title \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Work e-mail Address \_\_\_\_\_

**III. Shipping Information**

Shipping Days	Shipping Hours (Ready & Close Times)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Appointment Required: YES NO

**IV. Receiving Information**

Receiving Days	Receiving Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Appointment Required: YES NO

**V. Shipping Requirements**

Any special shipping requirements/restrictions (i.e. lift gate, flatbed, dock high, etc)? Please explain:

**VI. Receiving Requirements**

Please explain:

**Please direct your completed profile to the contact below within 3 business days of receiving this request to:**

Kelley DeJonge  
616-855-1218

[ops04@concentrek.com](mailto:ops04@concentrek.com)

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*Information provided in this questionnaire is strictly confidential and will be maintained in the strictest of confidence by Concentrek, Inc. a UTi Worldwide Company*