

SUPPLIERS' LIST



BUSINESS NAME:		DELIVERY DAY(S): <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	
Sunrise Grocery		Lead time for placing an order e.g. Monday for Wednesday	2 Days
Contact name:		Goods supplied:	
John Smith		Fruit and vegetables, dry goods.	
Telephone:		EXAMPLE	
01234 567 891			
Email:			
johnsmith@sunrisegrocery.co.uk			
Address:			
123 Example Street, Exampleton, EX0 123			

BUSINESS NAME:		DELIVERY DAY(S): <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	
		Lead time for placing an order e.g. Monday for Wednesday	
Contact name:		Goods supplied:	
Telephone:			
Email:			
Address:			

BUSINESS NAME:		DELIVERY DAY(S): <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	
		Lead time for placing an order e.g. Monday for Wednesday	
Contact name:		Goods supplied:	
Telephone:			
Email:			
Address:			



SUPPLIERS' LIST

(continued)

BUSINESS NAME:	DELIVERY DAY(S):	M	T	W	T	F	S	S
	Lead time for placing an order e.g. Monday for Wednesday							
Contact name:	Goods supplied:							
Telephone:								
Email:								
Address:								

BUSINESS NAME:	DELIVERY DAY(S):	M	T	W	T	F	S	S
	Lead time for placing an order e.g. Monday for Wednesday							
Contact name:	Goods supplied:							
Telephone:								
Email:								
Address:								

BUSINESS NAME:	DELIVERY DAY(S):	M	T	W	T	F	S	S
	Lead time for placing an order e.g. Monday for Wednesday							
Contact name:	Goods supplied:							
Telephone:								
Email:								
Address:								