SUPPLIER PROFILE SHEET
Micro Purchase
Computer Equipment
Community Development Block Grant – Disaster Recovery
Foundation for Puerto Rico
2021-MP-15

To: **Foundation for Puerto Rico**
Kevin.perez@foundationpr.org/Veronica.montalvo@foundationpr.org

Supplier Data

(1) Supplier's Legal Name: _____

(2) Supplier's Tax ID: _____

(3) Supplier's DUNS No.: _____

(4) Supplier's Physical Address: _____
(Street Address Line 1)

_____
(Street Address Line 2)

_____ _____ _____
(City) *(State)* *(Zip)*

(5) Supplier's Postal Address: _____
(Street Address Line 1)

_____
(Street Address Line 2)

_____ _____ _____
(City) *(State)* *(Zip)*

(6) Supplier's Phone Number: _____

(7) Supplier's Facsimile Number: _____

(8) Supplier's Email Address: _____

(9) Supplier's Authorized Representative:

_____ _____
(Authorized Representative Name) *(Authorized Representative Position)*

The Supplier hereby certifies that the above information is accurate:

_____ _____
(Authorized Representative Signature) *(Date)*

_____
(Authorized Representative Name)