**Know Your Key Customers, Contacts, Suppliers and Vendors**

Updated:

Next Review Date:

**CONTACT TYPE:**

Current Supplier/Vendor  Back-Up Supplier/Vendor  Key Customer/Contact

Company / Individual Name:

Account Number:

Materials / Service Provided:

Street Address:

City, State, ZIP:

Company phone:

Website:

**Company Representative**

Primary Contact:

Title:

Office phone:

Mobile phone:

Email:

Alternate Contact:

Title:

Office phone:

Mobile phone:

Email:

Notes: