



MARINE TRANSPORT LINES



CONTRACTOR INFORMATION FORM

CONTRACTORS WISHING TO DO BUSINESS WITH MARINE TRANSPORT LINES INC., AN ISO 9001 COMPANY, ARE REQUIRED TO COMPLETE THIS FORM AS PART OF THE CONTRACTOR EVALUATION PROCESS AS REQUIRED BY ISO 9001.

1.0 CONTRACTOR INFORMATION

COMPANY NAME _____	PHONE _____
ADDRESS _____	FAX _____
_____	E-MAIL _____
CONTACT _____	TITLE _____

2.0 EXPLAIN THE COMPANY'S CAPABILITIES IN THE FOLLOWING AREAS, PROVIDING DETAIL ON ATTACHED SHEETS AS DESIRED:

2.1 **SERVICES:** (INCLUDE SERVICE AREA) _____

2.2 **PERSONNEL:** _____

2.3 **EQUIPMENT:** _____

2.4 **EXPERIENCE/CAPABILITIES:** _____

2.5 **REFERENCES:** _____

2.6 **BILLING RATES:** _____

3.0 ATTACHMENTS: YES NO

4.0 FORM COMPLETED BY: _____ TITLE: _____

SIGNATURE DATE _____

5.0 MTL REVIEW BY _____ TITLE _____ DATE _____