

# Suppliers' list



Business name:	Delivery day(s):	M	T	W	T	F	S	S
	Lead time for placing an order e.g. Mon for Wed							
Contact name:								
Telephone:	Goods supplied:							
Address:								

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# Suppliers' list (continued)



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Contact name:								
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Telephone:	Goods supplied:							
<input type="text"/>	<input type="text"/>							
Address:	<input type="text"/>							
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