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附件2

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| 供应商调查表 |
|  |  |  | 日期： 年 月 日 |
| 企业名称 |  |
| 法定代表人 |  | 统一社会信用代码 |  |
| 注册资本 |  | 企业地址 |  |
| 联系人 |  | 电话 |  |
| 经营范围 |  |
| 资质情况 |  |
| 认证体系 |  |
| 注：请加盖单位公章后扫描或拍照发联系人邮箱 |