

# Suppliers' list



Business name: <input type="text"/>	Delivery day(s): M T W T F S S
Contact name: <input type="text"/>	Lead time for placing an order e.g. Mon for Wed <input type="text"/>
Telephone: <input type="text"/>	Goods supplied: <input type="text"/>
Address: <input type="text"/>	

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# Suppliers' list (continued)



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