



VENDOR INFORMATION FORM

Surname:	
Name:	
Email:	
Contact Phone:	
Country:	
Mother Tongue(s):	
Company:	
Website:	

(Please specify the language combinations you are translating from/into)

Source language	Target language	Years of experience	Indicate level of knowledge from 1 to 5*

*1-Basic, 2- Good, 3-Very Good, 4- Excellent, 5 -Native speaker equivalent

COMPUTER SKILLS (SOFTWARE & CAT TOOLS)

(Please indicate which tools you have a working knowledge of.)

<u>SOFTWARE</u>	Using		Version	<u>CAT TOOLS</u>	Using		Version
	YES	NO			YES	NO	
MS office				Trados Studio			
Adobe Photoshop				SDLX			
CAD tools				Wordfast			
Adobe PageMaker				MemoQ			
Adobe FrameMaker				DéjàVu			
PDF Creator				Transit			



SERVICE	TYPE		RATES			
	Yes	No	Currency	Word	Hour	Minimum
Translation						
Sworn translations						
Editing						
Proofreading						
Subtitling						
Localization						
Consecutive Interpreter						
Simultaneous Interpreter						
Phone Interpreter						
Others (specify)						

AREAS OF SPECIALITY

Area	YES	NO
Advertising/Marketing		
Educational		
Financial		
Healthcare		
IT		
Legal		
Scientific (Natural)		
Scientific (Social)		
Technical (Engineering)		
Other (Please specify):		

PLEASE SIGN

NAME:

DATE:

SIGNATURE: