

## New Vendor Account - Request Form

Fill-out the form completely and submit to Accounting for VIP Vendor Account number assignment

<b>Product or Services to be purchased :</b>			
<b>Vendor Type:</b>	<b>Vendor Code:</b>	<b>VIP Vendor Number:</b>	

Refer to Account Index Chart for Vendor Type & Code

### New Vendor Information

<b>Legal - Vendor Name:</b>			
<b>Business Address</b>	<b>Remittance Address:</b> (if different)		
<b>City:</b>	<b>City:</b>		
<b>State / Province:</b>	<b>State / Province:</b>		
<b>Country:</b>	<b>Country:</b>		
<b>ZIP:</b>	<b>ZIP:</b>		

### Primary Business Contact Information

<b>Contact /Position:</b>	<b>Contact / Position:</b>	
<b>Business Phone:</b>	<b>Additional Phone Number:</b>	<input type="checkbox"/> same <input type="checkbox"/> other – ( ) -
<b>Fax Number :</b>	<b>Fax Number:</b>	<input type="checkbox"/> same <input type="checkbox"/> other – ( ) -
<b>Email address:</b>	<b>Vendor Type:</b>	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign
<b>Cell Phone:</b>	<b>Active Account:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no (accounting maintains status)

### Alternate Contact Information

### Vendor Credit Term Information

<b>Credit Terms:</b>	<b>Payment Method:</b>	<input type="checkbox"/> VIP Company Check <input type="checkbox"/> Credit card only <input type="checkbox"/> COD
<b>1099 Account:</b> <input type="checkbox"/> yes <input type="checkbox"/> no (if yes attach W9)		

### Basic Freight Information

<b>FOB:</b>	<b>Ship Via (if FOB - VIP):</b>	
<b>Freight Terms:</b>		

<b>Additional Information:</b>			