Vendor Information Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Main Company Contact | | | | | | | | | |
| Business Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | | | State: | | | | ZIP Code: | |
| Tax ID: | | | | Phone: | | | | Fax: | |
| E-mail: | | | | | Website: | | | | |
| Type of Business/Services: | | | | | | | | | |
| Purchasing Contact | | | | | | | | | |
| First Name: | | | | | Last Name: | | | | |
| Address: | | | | | | | | | |
| City: | | | State: | | | | | ZIP Code: | |
| Office: | | | Cell: | | | | | Fax: | |
| E-mail: | | | | | | | | | |
| Accounts Receivable Contact | | | | | | | | | |
| First Name: | | | | | Last Name: | | | | |
| Office: | | | Cell: | | | | | Fax: | |
| E-mail: | | | | | | | | | |
| Remit to Address: | | | | | | | | | |
| City: | | | State: | | | | | ZIP Code: | |
| Phone (AR inquiries): | | | | | E-mail (AR inquiries): | | | | |
| Payment Terms: | | | Do you accept the following forms of payment?  ACH  Wire  Credit Card | | | | | | |
| Wire / ACH Payment Information (Attach Bank Letter or Bank Instructions on Company Letterhead) | | | | | | | | | |
| Bank Name: |  | | | | | | | | |
| Bank Address: |  | | | | | | | | |
| City: |  | | | State: |  | | ZIP Code: | |  |
| Bank Contact Name: |  | | | | | | | | |
| E-mail: |  | | | | | | Phone: | |  |
| Account Type: | Checking  Savings | | | | | | | | |
| Wire: | ABA No.: |  | | | Account No.: | |  | | |
| ACH: | ABA No.: |  | | | Account No.: | |  | | |
| SWIFT Code: | ABA No.: |  | | | Account No.: | |  | | |
| Signatures | | | | | | | | | |
| I warrant that I am an authorized representative of said company listed on this form. | | | | | | | | | |
| Signature: | | | | | | Date: | | | |
| Name: | | | | | | Title: | | | |