Vendor Information Form

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| 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: |