

# NEW VENDOR SETUP FORM

**Vendor Name:** \_\_\_\_\_ (If payment is made to someone other than invoice name)  
**Remit To:** \_\_\_\_\_

Bill to Address 1: \_\_\_\_\_ Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_ Address line 2: \_\_\_\_\_  
City, State, Zip + 4: \_\_\_\_\_ City, State, Zip + 4: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

(If first cost)  
**Factory Name:** \_\_\_\_\_ (Use if agent is Payee)  
**Agent Name:** \_\_\_\_\_

Address line 1: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address line 2: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip + 4: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

## Sales Contacts

**Salesman:** \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Accounts Receivable Contacts

**Director:** \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Terms of Purchase

(List terms agreed upon) Net 30 days

Payment Method: \_\_\_\_\_ (1) Paid at Receipt of Invoice (wire transfer)

Country of origin: \_\_\_\_\_ Country of supply: \_\_\_\_\_  
Lead time (days): \_\_\_\_\_ Minimum order qty: \_\_\_\_\_

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## Compliance Information

### Compliance Contact

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_

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## General Brand Information

How many brands do you have: \_\_\_\_\_  
List brands: \_\_\_\_\_  
\_\_\_\_\_

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## Warehousing Information

How many warehouses do you have: \_\_\_\_\_

How many warehouses do you ship to us from: \_\_\_\_\_

Warehouse address: \_\_\_\_\_ Warehouse address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Warehouse address: \_\_\_\_\_ Warehouse address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Warehouse manager:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_