

NEW VENDOR SET UP FORM

SECTION I: VENDOR AND INFORMATION

Control No.

Vendor code: _____

Date: _____

10001

Vendor name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Country: _____

Remittance address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact person: _____ Title: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Web site: _____

Fed Tax ID: _____ D-U-N-S Number: _____

SIC code or NAICS code: _____ Industry: _____

Business Start Date: _____ State of Incorporation: _____ No. Employees: _____

Description of business: _____

SECTION II: ACCOUNTING SETUP & PAYMENT DEFAULTS

Payment Terms: _____ Default GL Expense Account: _____

Payment preference: Check Wire/ACH Credit Card Cash

Other payment instructions: _____

SECTION III: PURCHASING CONTROLS

Authorized person(s) to place order: _____ Purchase order required (Y/N): _____

Purchase limit (\$) per order: _____

Attach list of items to be purchased from vendor with part number, description and unit cost.

SECTION IV: REFERENCES & OTHER DOCUMENTATION

Trade or bank references: _____ D&B credit report: _____ W-9 form: _____

SECTION V: APPROVALS

Controller/Finance Officer

Name: _____ Signature: _____ Date: _____

Department/Purchasing Manager

Name: _____ Signature: _____ Date: _____