



Vendor Information Form - New

Vendor Name _____

Physical Address _____

City _____ State _____ Zip _____ Country _____

Remit To Address _____

City _____ State _____ Zip _____ Country _____

Purchase Order Phone _____ PO Fax _____

PO Email Address _____

Web Address _____ Lead Times _____

FDA # _____ **Tax ID #** _____

(Food Facility Registration Number)

Liability Insurance Certificate Attached:

YES NO

W-9 Attached:

YES NO

Sales Contact Name _____ **Title** _____

Phone _____ Extension _____

Fax _____ Email Address _____

A. P. Contact Name _____ **Title** _____

Phone _____ Extension _____

Fax _____ Email Address _____

Warehouse Address _____

City _____ State _____ Zip _____ Country _____

Contact Name _____ Title _____

Phone _____ Ext. _____ Fax _____

Email Address _____ Whse Hrs: _____

Pickup

Appointment Required YES NO Product Palletized YES NO Pallet Exchange YES NO

Payment Terms 2% 10 Net 30 Freight Terms _____

First Source Office Use Only

Landed Cost Rule _____ Buyer _____ Vendor Type _____

We need a 60 day notice in Writing on all Price Increases from the day we receive notice