

NEW VENDOR ACCOUNT REQUEST

VENDOR DETAILS

Vendor Legal Name:

Vendor Address:

Vendor Phone Number: Vendor Fax Number:

Vendor Primary Contact:

VENDOR PRIMARY CONTACT

Name:

Email Address:

Phone Number: Fax Number:

PAYMENT & SHIPPING

Vendor Shipping Address:

Returns Allowance: Shipping By:

Invoice Currency: Payment Terms:

Freight Paid By:

Credit Limit: Payment Terms: Payment Method:

VENDOR ACCOUNTS RECEIVABLE INFORMATION

Full Name: Title:

Phone Number: Fax Number:

Email Address:

VENDOR BANK INFORMATION

Bank Name:

Vendor Address:

Account Number: Swift Code:

When you have completed this form, please return for the attention of Sales Administration to the address below or email to contactus@allmediasupply.com