

NEW VENDOR ACCOUNT REQUEST

VENDOR DETAILS

Vendor Legal Name:	<input type="text"/>		
Vendor Address:	<input type="text"/>		
	<input type="text"/>		
Vendor Phone Number:	<input type="text"/>	Vendor Fax Number:	<input type="text"/>
Vendor Primary Contact:	<input type="text"/>		

VENDOR PRIMARY CONTACT

Name:	<input type="text"/>		
Email Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>

PAYMENT & SHIPPING

Vendor Shipping Address:	<input type="text"/>		
	<input type="text"/>		
Returns Allowance:	<input type="text"/>	Shipping By:	<input type="text"/>
Invoice Currency:	<input type="text"/>	Payment Terms:	<input type="text"/>
Freight Paid By:	<input type="text"/>		
Credit Limit:	<input type="text"/>	Payment Terms:	<input type="text"/>
		Payment Method:	<input type="text"/>

VENDOR ACCOUNTS RECEIVABLE INFORMATION

Full Name:	<input type="text"/>	Title:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>		

VENDOR BANK INFORMATION

Bank Name:	<input type="text"/>		
Vendor Address:	<input type="text"/>		
	<input type="text"/>		
Account Number:	<input type="text"/>	Swift Code:	<input type="text"/>

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