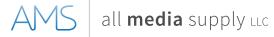
NEW VENDOR ACCOUNT REQUEST



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