

VENDOR INFORMATION

(PLEASE PRINT OR TYPE)

VENDOR # _____

NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DEFAULT (USUAL) EXPENSE ACCOUNT: _____

DISCOUNT TERMS: PERCENTAGE _____ (EXAMPLE 2%)
TIME PERIOD _____ (10 DAYS)

NAMES AND PHONE NUMBERS ON CONTACTS: (LIST ALL)

TELEPHONE #

NAME

() _____ - _____ EXT _____ BILLING DEPT _____

() _____ - _____ EXT _____ BILLING FAX# _____

() _____ - _____ EXT _____ BILLING DEPT _____

() _____ - _____ EXT _____ SALES REP _____

() _____ - _____ EXT _____ SALES REP FAX# _____

() _____ - _____ EXT _____ _____

() _____ - _____ EXT _____ _____

() _____ - _____ EXT _____ _____

() _____ - _____ EXT _____ _____

() _____ - _____ EXT _____ _____

COMMENTS: (ANY OTHER USEFUL INFORMATION)

