



# MERCHANDISE VENDOR SETUP REQUEST

**VENDOR NAME**

(Note: this is the primary vendor name or purchase from name)

**VENDOR NUMBER**

(to be completed by Accounts Payable)

**FOB POINT:**

Overseas

Domestic

**PAYMENT TERMS:**

(Standard: Int'l W/T Net 45FCR)

(Standard: Net 45 Receipt of Goods)

**ADDRESS**

	City
	State / Province
	Country
	Zip / Postal Code

**CONTACT NAME:**

**CONTACT EMAIL:**

**CONTACT PHONE/FAX:**

Phone #

Fax #

**VENDOR BILLING ADDRESS (if different from above)**

(Note: this is the primary vendor name/address on the commercial invoice used for payment processing)

**NAME:**

**ADDRESS:**

	City
	State / Province
	Country
	Zip / Postal Code

**REQUESTED BY:**

\_\_\_\_\_ DATE: \_\_\_\_\_

**SUBMITTED BY:**

\_\_\_\_\_ DATE: \_\_\_\_\_

**VENDOR SHIP POINT NAME:**

(to be completed by Accounts Payable)

**OVERSEAS CONSOLIDATION POINT:**

(Overseas Only - select one: Hong Kong, Shanghai, Qingdao, New Delhi, Calcutta)

**OVERSEAS VENDOR FACTORY ADDRESS (if different)**

(Note: this is the overseas factory address for the producer/shipper of product purchased)

**NAME:**

**ADDRESS:**

	City
	State / Province
	Country
	Zip / Postal Code

**CONTACT NAME:**

**CONTACT EMAIL:**

**CONTACT PHONE/FAX:**

	Phone #
	Fax #

**VENDOR BENEFICIARY & BANKING INFORMATION**

(Note: required only for wire transfer payments for Overseas vendors)

**PAYEE NAME:**

**BANK NAME:**

**BANK ADDRESS:**

	City
	State / Province
	Country
	Zip / Postal Code

**BANK ACCOUNT #:**

**APPROVED BY:**

\_\_\_\_\_ DATE: \_\_\_\_\_

(Logistics & Customs Compliance)

**APPROVED BY:**

\_\_\_\_\_ DATE: \_\_\_\_\_

(Accounts Payable)