



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

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	City
<input type="text"/>	State / Province
<input type="text"/>	Country
<input type="text"/>	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:

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:

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:

BANK ACCOUNT #:

APPROVED BY:

DATE:

(Logistics & Customs Compliance)

APPROVED BY:

DATE:

(Accounts Payable)