

AM RETAIL GROUP, INC
KOSTROMA VENDOR SETUP REQUEST

VENDOR NUMBER

(to be completed by Accounts Payable)

VENDOR NAME

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

PAYMENT TERMS:

CONSOLIDATION POINT:

SHIP POINT #/NAME:

(to be completed by Accounts Payable)

VENDOR FACTORY ADDRESS (Note: complete separate forms for multiple factories)

(Note: this is the factory name/address for the actual production site)

FACTORY NAME:

ADDRESS:

City
Province
Country

Postal Code

CONTACT NAME:

CONTACT EMAIL:

CONTACT PHONE/FAX:

Phone #

Fax #

COMMENTS OR SPECIAL INSTRUCTIONS

SUBMITTED BY:

_____ DATE: _____

COMPLETED BY:

_____ DATE: _____