

Supplier Application

NEW

UPDATED

Legal Name of Business: _____ Does Business As: _____

Federal Tax ID# or Social Security #:

Certification (DUNS #):

| | |
|-------------------|---|
| Company Name: | Remit To Address: |
| Mailing Address: | City, State, Zip: |
| City, State, Zip: | Company Website, Phone & Fax Number(s): |
| Contact Name: | Contact Email: |

Payment Terms: Net60 2%10Net30 Other (specify): _____

Freight Terms: Prepaid

Shipping Terms: FOB Destination

PO Delivery Method: Online/Website Email Verbal Fax Other: _____

Nature of Business: Manufacturer Distributor Service Organization

Number of years in business: _____

Description of Products/Services: _____

Are any