



**VENDOR FORM**

**CUSTOMER NAME:** \_\_\_\_\_

**REMIT TO ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT:** \_\_\_\_\_

**ACCOUNTS PAYABLE PHONE:** \_\_\_\_\_

**ACCOUNTS PAYABLE EMAIL:** \_\_\_\_\_

**PURCHASE ORDER REQUIRED FOR PAYMENT?**    YES \_\_\_\_\_    NO \_\_\_\_\_

**PLEASE CHECK METHOD OF INVOICE DELIVERY:**    EMAIL \_\_\_\_\_    MAIL (USPS) \_\_\_\_\_

Open Credit Account Terms of Sale are Net 30 Days from Date of Invoice. Prepay Terms are Required to Pay by Credit Card, ACH, or Wire Transfer – All monies must be received prior to dispatch.

**Signature of Person Completing Form:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**PLEASE CONTACT ANN ROSS AT 888-668-6885 Ext. 1223 WITH ANY QUESTIONS OR CONCERNS.**