

Vendor Profile Form

PLEASE FILL IN FORM

*** Indicates required information (if applicable)**

VENDOR NAME AND ADDRESS

*Legal Name of Company:			*DBA (if applicable):		
*Name on Invoice:			Ordering Address (only if different from purchasing address):		
*Remitting Mailing Address:					
			*City:	*State:	*Zip:
*City:	*State:	*Zip:	*Phone:	*Fax:	
*Phone:	*Fax:		*Email:		
*Email:			*Contact Person:		
*Contact Person:					
			ACH Payment Option (Direct Deposit) Within the United States Only		
Purchasing Address (if applicable):					
			Bank Name:		
*City:	*State:	*Zip:	Routing #:	Bank Account #:	
*Phone:	*Fax:		Account Type:	Country/Region:	
*Email:			WIRE Payment Information		
*Contact Person:			Swift Code:	Account #:	
			(Canadian Only) Transit #:		
*GENERAL INFORMATION					
*Are you a Taxable Business: Yes ___ No ___ *Will you be charging sales tax: Yes ___ No ___			*Will there be Freight charges: Yes ___ No ___ *Will you require a 1099 for filing your taxes: Yes ___ No ___ *If yes, then please provide us with a copy of your 1099 Form.		
**Note that taxes charged should be destination tax based.					

Additional Comments (if any):