

NEW SUPPLIER SET-UP FORM

SUPPLIER NAME

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IF A CORPORATION OR PARTNERSHIP, INDICATE EMPLOYER ID NUMBER; IF AN INDIVIDUAL OR SOLE PROPRIETOR, INDICATE INDIVIDUAL'S OR BUSINESS OWNER'S SS NUMBER

EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

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PAYMENT TERMS

FREIGHT TERMS

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REMIT TO ADDRESS

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CITY

STATE

ZIP CODE

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PURCHASING ADDRESS

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CITY

STATE

ZIP CODE

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AREA CODE

NUMBER

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CONTACT NAME

TITLE

TELEPHONE

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RIT USE ONLY:

SUPPLIER NUMBER

DATE ENTERED

INITIALS

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