

New Supplier Set-Up Form

Company Name: _____

Purchase Order Mailing Address:

Remit To Address:

Contact Name: _____

Phone Number: _____ Fax Number: _____

Payment Terms: _____ Freight Terms: _____

Classification: (Check all that apply)

- Small Business Woman Owned Business

Minority Owned Business:

- African American Native American Asian

- Latin American Disabled Veteran Veteran

- Other (Specify) _____

A current W9 is required in order to be set up in our system

Revised 2/06