



**NEW VENDOR INFORMATION**

**CONTACT**

**REMIT PAYMENT TO INFORMATION**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EIN #: \_\_\_\_\_ (attach W-9 form)

TYPE OF COMPANY: \_\_\_\_\_ (Inc., Partnership, LLC, Sole Proprietor, Retail)

Length of time in business: \_\_\_\_\_ Check if Applies MBE \_\_\_\_\_ WBE \_\_\_\_\_ DSBE \_\_\_\_\_

Range of Selection and/or Service of Products: \_\_\_\_\_

Preferred Communication Method: Voice: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Customer Service Single Point of Contact: \_\_\_\_\_

Ordering Methods: PO: \_\_\_\_\_ Phone: \_\_\_\_\_ Web: \_\_\_\_\_

Response/Delivery Time: \_\_\_\_\_

Delivery Methods/Charges: Common: \_\_\_\_\_ USPS: \_\_\_\_\_ Express: \_\_\_\_\_ N/A: \_\_\_\_\_

Billing Methods: Statement: \_\_\_\_\_ Invoice: \_\_\_\_\_

Payment Terms: Adelphoi: Net 30 days Other: \_\_\_\_\_

Payment Options: Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_

**SECTION BELOW FOR INTERNAL ADELPHOI USE ONLY**

Vendor Affirmation Received: \_\_\_\_\_ W-9 Received: \_\_\_\_\_ Insurance Certificate Received: \_\_\_\_\_

Exemption Certificate Sent: Yes: \_\_\_\_\_ No: \_\_\_\_\_

References: Received: \_\_\_\_\_ Checked: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_