

Vendor Setup/Maintenance Request Form

BD CBI CN CSI GH RY

New Vendor Yes No If no, effective date / Lawson number

Domestic: *Payment is sent to a U.S. bank. For regulatory purposes, a vendor with a business address in the U.S. is required to complete a W-9 form.*

International: *Payment is sent to a non U.S. bank; required to attach International bank account information along with some version of a W-8 form.*

Please submit a revised setup form immediately if you change any of the information below in the future

VENDOR CLASS			
Inventory	<input type="checkbox"/>	Utility	<input type="checkbox"/>
Service/Supply	<input type="checkbox"/>	Tax & Compliance	<input type="checkbox"/>
Catalog	<input type="checkbox"/>	Lease	<input type="checkbox"/>
		Freight	<input type="checkbox"/>
		Commission	<input type="checkbox"/>
		Royalty	<input type="checkbox"/>
		Independent Contractor	<input type="checkbox"/>
		Agency	<input type="checkbox"/>
		Legal	<input type="checkbox"/>

Name, as shown on your income tax return

Business Name/Disregarded Entity Name, if different from above

ADDRESS		
	REMIT	FACTORY (In't ONLY)
Address 1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address 2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address 3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City/Address 4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
State/Province	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Postal Code	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please check: FOB Exworks Check if Factored

City Dropship: Yes No

State

Country

CONTACT INFORMATION (<i>All fields must be filled in</i>)		
	ACCOUNTS RECEIVABLE CONTACT	AGENT/SALES REP CONTACT
Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

PAYMENT INFORMATION			
Agreed Upon Terms	Int'l 60P (TT60) <input type="checkbox"/>	Domestic Net 60 <input type="checkbox"/>	Domestic 2% 10/Net 60 <input type="checkbox"/>
	Other (<i>requires VP Finance approval</i>) <input style="width: 200px;" type="text"/>		
Return Disposition on Stock Orders (<i>check one</i>)			
<input type="checkbox"/> Return Allowance taken off invoice <input type="checkbox"/> %			
<i>If we experience excessive/higher than expected returns due to product quality issues, we may request cost recoveries in addition to the agreed upon Returns Allowance listed above.</i>			
<input type="checkbox"/> Return to Vendor (<i>privileges for all Used/Open returns sent to US locations ONLY</i>)			
Payment Method	<input type="checkbox"/> Check	<input type="checkbox"/> Int'l Wire*	<input type="checkbox"/> Paymode/ACH (<i>enroll at www.ccsinc.com</i>)
<i>*International banking must be attached and include beneficiary name, bank, account number and SWIFT code</i>			

X	/ /
Vendor's Authorized Signature for Payment Terms and Deposits	Date
Title	

INTERNAL USE ONLY	
X	/ /
Department Manager/Director Signature	Date
X	/ /
VP Finance Signature for Non Standard Terms	Date