

A/P _____ initial _____ date INSTRUCTIONS: 1 copy - vendor file 1 copy - to be returned to category manager



VENDOR FACT SHEET

New Vendor _____ **Date** _____

Vendor Change _____ **A/P Vendor#** _____

Delete Vendor _____ **Mkt. Vendor #** _____

Vendor Name _____

Address _____

Phone () _____ **City** _____ **State** _____ **Zip** _____

Broker Name _____

Address _____

Phone () _____ **City** _____ **State** _____ **Zip** _____

Contact _____

Item Type _____

New Discount Terms _____

Prior Discount Terms _____

Special Terms _____

Pick-up Available YES ____ NO ____

Pick-up Allowance _____

Pick-up Address _____

Guaranteed Sale YES ____ NO ____

Reclamation Policy (please attach sheet)

Special Comments _____

Category Manager Signature _____ **Date:** _____

V.P. Marketing Signature _____ **Date:** _____

A/P Manager Signature _____ **Date:** _____

The terms, as written above, are approved by the marketing personnel. These will be entered as the current terms by which the invoices will be paid. Notify Accounts Payable immediately if vendor terms or mailing address changes along with an updated fact sheet.