



New Vendor Request Form:

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_

Vendor Information:

Company: \_\_\_\_\_

Remit To Address:

Address: \_\_\_\_\_

\_\_\_\_\_

City, State \_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Corporation: Yes\_\_\_ No\_\_\_ ( Please Attached W-9)  
LLC\_\_\_ Partnership\_\_\_\_\_  
Other\_\_\_\_\_ Will you need a 1099\_\_\_\_\_

Tax ID#: \_\_\_\_\_

Contact: \_\_\_\_\_

A/R Contact: \_\_\_\_\_

Vendor Type: \_\_\_\_\_

Terms: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For Internal Use Only

Alatrade Controller Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Vendor Added By: \_\_\_\_\_

Date: \_\_\_\_\_

Sales Tax% \_\_\_\_\_

Vendor#: \_\_\_\_\_