



VENDOR SET UP FORM

Vendor Name _____

Address _____

Remit to Address _____

Phone _____ A/P Contact _____

Vendor Email _____ Fax # _____

Product(s) to be purchased _____

Reason to set up new vendor _____

New Vendor Requested by _____ Date _____

New Vendor Approved by _____ Date _____

(Must be approved by CFO or Controller)

New Vendor Checklist: (to be completed by A/P)

Approval Received _____

W-9 Received _____

Certificate of Ins Received _____ Date of Expiration _____

Vendor Agreement Received _____

Set-Up Completed by _____ Date _____

If vendor requires credit application to be filled please send to AP Dept. at ap@pb-materials.com