

**NEW VENDOR INPUT SHEET**

DATE: \_\_\_\_\_

**PARAMONT-EO**

REQUESTED BY \_\_\_\_\_

**VENDOR PAY TO INFORMATION:**

PAY TO VENDOR \_\_\_\_\_

A /R CONTACT NAME \_\_\_\_\_

PH# \_\_\_\_\_

FX# \_\_\_\_\_

REMIT ADDRESS \_\_\_\_\_

CITY, ST. ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**SALES REPRESENTATIVE:**

AGENCY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PH# \_\_\_\_\_

FX# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ST. ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

FREIGHT POLICY \_\_\_\_\_

MINIMUM FOR FREIGHT ALLOWED ORDERS \_\_\_\_\_

PAYMENT TERMS \_\_\_\_\_