

# NWL-New Vendor Load Form

(Please Fill in all that are applicable to your Company.)

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

**Complete Vendor Name**  
(In Capital Letters) \_\_\_\_\_

**Address Line: 1** \_\_\_\_\_

**Address Line: 2** \_\_\_\_\_

**City**  **Country**

**State & Zip Code**  -

**E-mail Address**

**Vendor Telephone # 1 & 2**  -  -

**Vendor Fax Number**  -  -

<b>Sales Rep / Contact Name</b>	<input type="text"/>	<b>E-mail</b>	<input type="text"/>
<b>Telephone #</b>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
<b>Fax #</b>	<input type="text"/> - <input type="text"/> - <input type="text"/>		

**Federal Tax ID #**

**Insurance Policy** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**For Office Use Only.**

**Buyer Name** \_\_\_\_\_ **Dept** \_\_\_\_\_

**Vendor Number Assigned**

**A/P Terms**

**Defective Allowances**

**Freight Comments**

**Advertising Comments**

**Payment Class**

**Minimum PO Amount \$** \_\_\_\_\_ **Minimum PO Weight** \_\_\_\_\_

**Comments / Note (If any)** \_\_\_\_\_