

Supplier Authorization Form

Suppliers (providing product for resale): Please complete **ALL** applicable fields

New Supplier

Supplier Update

A/P Supplier#: _____

Supplier Name:		Tax ID #:	
Corporate Address:			
Customer Service Contact:		Phone:	Email:
Liability Insurance Contact:		Phone:	Email:
Make Check Payable To: (If different than above)			
Pay To Address:			
A/R Contact:		Phone:	Email:
Shipping Point Address:			
Contact:		Phone:	Email:
Sales Rep/Broker:		Company:	
Address:			
Contact:		Phone:	Email:
Deals/Rebate Address:			
A/P Contact:		Phone:	Email:
Deduct Vendor/Manufacturer:			
Address:			
Contact:		Phone:	Email:
Reclamation Center Billing Address:			
Contact:		Phone:	Email:
Payment Terms: Net _____ days	EDI (Electronic Data Interchange)		<input type="checkbox"/> Yes (send request to AP@SaveMart.com) <input type="checkbox"/> No
	ACH (Automatic Clearing House)		<input type="checkbox"/> Yes (send request to AP@SaveMart.com) <input type="checkbox"/> No

Delivery Information

Roseville <input type="checkbox"/>	SSI <input type="checkbox"/>	Yosemite Wholesale <input type="checkbox"/>	Supermarket Associates <input type="checkbox"/>	DSD? <input type="checkbox"/> YES <input type="checkbox"/> NO
FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Origin		Preferred Delivery Day(s):	DUNS Number: (Required for DSD)	
Bracket Pricing:		Bracket Qty: 1)	2)	3)
		4)	5)	
<input type="checkbox"/> Swell _____%		<input type="checkbox"/> Private Label	<input type="checkbox"/> Scan Based Trading	

Senior Category Manager:	Product Dept./Category:
Supplier / Vendor Signature:	Date: