

SAVE MART SUPERMARKETS  
SIMPLE VENDOR SET-UP / CHANGE FORM

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

ACH  
(if applicable)

New Vendor Name

Set-up by: \_\_\_\_\_

Vendor Change

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

EDI  
(if applicable)

W-9 Attached

A/R only

Insurance Attached  
(if applicable)

Vendor Name:

\_\_\_\_\_

Remittance Address:

\_\_\_\_\_

City:

State:

Zip:

\_\_\_\_\_

Contact Name:

Phone:

Fax:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Correspondence Address:

\_\_\_\_\_

City:

State:

Zip:

\_\_\_\_\_

NOTES:

\_\_\_\_\_

Payment Terms:

Category Code:

\_\_\_\_\_

(IT, OS, EMP, SUP, etc)

Tax ID #

Business Type:

\_\_\_\_\_

(Corporation, Sole Proprietorship, Partnership, LLC)

Requested By:

\_\_\_\_\_

Signature

Print Name

Director's Approval:

\_\_\_\_\_

Signature

Print Name