

JPW New Vendor Information Form

MAILING ADDRESS FOR PURCHASE ORDERS

Company Name (as recorded with IRS):

DBA:

Mailing Name:

Street Address:

PO Box: City: State: Zip:

SALES CONTACT INFORMATION

Name: Title:

Phone:

Email:

Contact Type Preference:

ACCOUNTS RECEIVABLE CONTACT INFORMATION

Name: Title:

Phone:

Email:

Contact Type Preference:

SHIPPING AND DELIVERY CONTACT INFORMATION

Name: Title:

Phone:

Email:

Contact Type Preference:

EMERGENCY CONTACT INFORMATION

Name: Title:

Phone:

Email:

Contact Type Preference:

ELECTRONIC PAYMENT INFORMATION

Email address for payment remittance:

Routing#:

Bank Account#:

Account Type:

I agree to have payments from JPW direct deposited using the bank account information provided above. If my banking information changes I agree to update this information in writing prior to submitting any future payment requests. In situations where a payment has been made in error, JPW is authorized to correct that error and notify me accordingly.

Initials:

Check those that apply:

SBE Small Business Enterprise

MBE Minority Business Enterprise

WBE Woman Business Enterprise

VBE Veterans Business Enterprise