



SUPPLIER INFORMATION SHEET

This form and the W-9 tax form **MUST** be completed **IN FULL** with an authorized signature before any purchases or payments are issued.

GENERAL BUSINESS INFORMATION:	
Name:	_____
Address:	_____
ACCOUNTING INFORMATION:	
Terms of Payment :(check one)	
NET 90 <input type="checkbox"/>	1% 10 NET 30 <input type="checkbox"/>
NET 30 <input type="checkbox"/>	2% 10 NET 30 <input type="checkbox"/>
<u>ACH/WIRE ONLY:</u>	
ABA#:	_____
Bank Name:	_____
Bank City & State:	_____
Bank Account #:	_____
Bank Account Name: (Beneficiary Name)	_____
<u>CHECK ONLY:</u>	
Remit Address:	_____
A/R Contact Name:	_____
Phone Number:	_____
Fax Number:	_____
DUN & Bradstreet #:	_____
FED ID #:	_____

Supplier Authorized Signature

Title

Date

Cambric Use Only: W-9 Tax Form

Class: High Medium Low

Accounting Approval: _____

© 2010 **Cambric Corporation**

555 East Broadway, Suite 300 • Salt Lake City • Utah • 84102 • U.S.A.
Phone 801.415.7300 • Fax 801.415.7310 • www.cambric.com