

# ROANOKE VALLEY WINE COMPANY

1250 INTERVALE DR., SALEM, VA 24153

WWW.RVWC.COM

## New Supplier Information Form - International

**Supplier Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_  
(If different than above)

**Federal Tax ID/SSN:** \_\_\_\_\_ Exempt from backup withholding?   
(Please circle one) Individual/Sole Proprietor Corporation Partnership Other: \_\_\_\_\_

### **Payment Information**

**Payment Terms:**  
(Please circle one) 30 Days 45 Days 60 Days 90 Days Quickpay ACH Other: \_\_\_\_\_

*Quickpay ACH is 3% discount if paid by Friday after product is received in warehouse (inc. bank info.) - also choose default terms*

*Quickpay ACH example: If we receive the product on Wednesday we will initiate a transfer to your bank by Friday.*

**Currency:** US Dollars Euros Other: \_\_\_\_\_  
(Please circle one) (bank information required)

### **Contact Information**

**Physical Address:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Accounting Contact:** \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Purchasing Contact:** \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Bank Information - Euros Only:**

Bank Name: \_\_\_\_\_

Swift Code: \_\_\_\_\_

IBAN: \_\_\_\_\_

Please email the completed form to [kathy.bodnar@RVWC.com](mailto:kathy.bodnar@RVWC.com) or fax to 540-375-8877 Attn: Kathy Bodnar