

# ROANOKE VALLEY WINE COMPANY

1250 INTERVALE DR., SALEM, VA 24153

WWW.RVWC.COM

## New Supplier Information Form - Non-Inventory

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: \_\_\_\_\_  
(Please circle one) US Dollars Euros Other: \_\_\_\_\_  
(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: \_\_\_\_\_

### Bank Information

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

Swift/Acct No: \_\_\_\_\_

IBAN/Routing No: \_\_\_\_\_

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