

ROANOKE VALLEY WINE COMPANY

1250 INTERVALE DR., SALEM, VA 24153

WWW.RVWC.COM

New Supplier Information Form - Domestic (USD)

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.

ACH Bank Name: _____ (Quickpay only)

ACH Account No: _____ (Quickpay only)

ACH Routing No: _____ (Quickpay only)

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: _____

Bill backs Contact: _____ Telephone: _____

E-mail: _____ Fax: _____

Depletions Contact: _____ Telephone: _____

E-mail: _____ Fax: _____

Sample Policy: Bill Back? YES: % NO:

On Invoice? YES: % NO: