



Company Name: _____

Remit To Address: _____

Sales contact(s):

First & Last Name	Phone Number	Email address	Mailing Address

Accounts Receivable Contact(s)

First & Last Name	Phone Number	Email address	

DUNS # _____

Please check all that apply:

Do you offer Electronic Data Interchange? YES NO

Do you have an Ecommerce Platform? YES NO

Payment terms: _____

Do you offer payment discounts? YES NO

Acceptable forms of payment: Paper Check YES NO Credit Card YES NO ACH YES NO

Please note: This document to be used for adding your company as a new vendor in our system or updating our system to reflect the most current information. We look forward to developing a great business relationship. Please provide your W-9 along with this document.



Tristate Filter

O: (631) 803-2902
F: (631) 803-2617
16 Colt Court Ronkonkoma, NY 11779
www.tristatefilter.com