

Vendor Master Data Form

Send completed form to Russ Van Fechtmann in the Purchasing Dept. at fax 401-333-6088 or contact Russ at email: rvfechtmann@acsind.com or ph 401-229-9478 with any questions.

[] Enter New Vendor [] Extend Existing Vendor (SAP vendor # & ship-to #) [] Change Existing Vendor (SAP vendor # & ship-to #)

Requested by: _____
 Tel # and ext.: _____
 Date: _____

Please complete the following information:			
Company Code: _____	Purchasing Plant: _____		
SAP Vendor #: _____	SAP Alt Payee #: _____		
<u>Vendor</u>	<u>Alternate Payee</u>		
Vendor Name: _____	Vendor Name: _____		
Street Address: _____	Street Address: _____		
P.O. Box: _____	P.O. Box: _____		
City: _____	City: _____		
State: _____	State: _____		
Country: _____	Country: _____		
Postal Code: _____	Postal Code: _____		
Phone Number: _____	Phone Number: _____		
Fax Number: _____	Fax Number: _____		
Email Address: _____	Email Address: _____		
Contact Person: _____	Contact Person: _____		
Terms: _____			
FED I.D. #: _____			
Type of Entity (check one only)	<input type="checkbox"/> Individual	<input type="checkbox"/> Estate	<input type="checkbox"/> Tax Exempt
	<input type="checkbox"/> Sole Prop.	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Agency
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (Pls Describe) _____

Notes: _____

 * ATTACH A LIST OF PART(-S) WE WILL BE BUYING FROM THIS VENDOR
 * ATTACH A COPY OF THE APPROVED REQUISITIONS FOR THESE PART(-S)
 * ATTACH COPIES OF THE VENDOR QUOTATION WITH OTHER VENDOR QUOTES RECEIVED FOR THESE PART(-S)
 * ADVISE NAME OF ANY EXISTING ACS VENDORS YOU KNOW ABOUT THAT ARE SELLING THE SAME PART(-S)

Approved: _____

Once completed please Fax the Form to 401-333-6088 Attn: Russ Van Fechtmann
 Or email to rvfechtmann@acsind.com