

# Vendor Setup/Maintenance Request Form – *Domestic Inventory*

BD   
  CBI   
  CSI   
  CN   
  GH   
  IMP

A vendor is considered "Domestic" if payment is to a U.S. bank. For regulatory purposes, a vendor with a business address in the U.S. **is required to complete a W-9 form.**

Data should be typed or print legibly

**New Vendor?**    Yes: \_\_\_ No: \_\_\_    If "No", effective date of change to existing vendor. \_\_\_/\_\_\_/\_\_\_  
 Previous Lawson vendor number \_\_\_\_\_

**Name (as show on your income tax return):** \_\_\_\_\_

**Business Name/Disregarded Entity Name, if different from above:** \_\_\_\_\_

<b>Address (No P.O. Box):</b>	<b>Physical Address</b>	<b>Remit Address</b> (If different from Physical Address):
<i>City:</i>	_____	_____
<i>State:</i>	_____	_____
<i>Zip Code:</i>	_____	_____

**Check if Factored** \_\_\_\_\_

**Required Contact Information** (All fields **must** be filled in):

**Vendor Accounts Receivable Contact**

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**FOB / ExWorks** (Please circle):

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Agreed Upon Payment Terms:**

Net 60 \_\_\_    Other (requires VP Finance approval) \_\_\_\_\_

**Payment method** (to **U.S. Bank**): \_\_\_ **ACH**/Paymode (*enrollment required - see [www.ccsinc.com](http://www.ccsinc.com) for details*)  
 \_\_\_ **P-Card**/VISA (*enrollment required - see [www.ccsinc.com](http://www.ccsinc.com) for details*)

**Note: ACH and P-Card are not available for Improvements Vendors**  
**Comerstone will not verify payment details**

X			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center; color: red;"><b>Vendor's Payment &amp; Freight Terms Authorized Signature</b></td> <td style="width: 20%; text-align: center; color: red;"><b>Title</b></td> <td style="width: 20%; text-align: center; color: red;"><b>Date</b></td> </tr> </table>	<b>Vendor's Payment &amp; Freight Terms Authorized Signature</b>	<b>Title</b>	<b>Date</b>
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*Please submit a revised authorization agreement form immediately if you change any of your information in the future.*

*Internal Use Only Below:*

Merchandising Department Director ( <b>PRINT</b> Name)	<b>Signature</b> /Title	Date
VP Finance for Non Standard Terms ( <b>PRINT</b> Name)	<b>Signature</b>	Date

**Dropship**    Yes: \_\_\_ No: \_\_\_