

Vendor Setup/Maintenance Request Form – *International Inventory*

BD
 CBI
 CSI
 CN
 GH
 IMP

A vendor is considered "International" if the payment is to a non U.S. bank.
 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: _____

	Physical Address	Remit Address (If different from Physical Address):
Address (No P.O. Box):	_____	_____
Region:	_____	_____
Country:	_____	_____
Postal Code:	_____	_____
Country Code:	_____	_____
		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 **Non-U.S. Bank**): ___ **Wire**

Note: Cornerstone will not verify payment details

X		
Vendor's Payment & Freight Terms Authorized Signature	Title	Date

Wire\Payment Banking Instructions I hereby authorize Cornerstone Brands, Inc. to deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution indicated below. I also authorize the Financial Institution to accept and credit any credit entries initiated by said company. In the event that said company deposits funds erroneously into my account, I authorize them to debit my account not to exceed the original amount of the credit. This authorization is to remain in force and effect until brand has received written notice from the vendor of its termination.

BENEFICIARY NAME*: _____
 *If different than name above, provide explanation: _____
FINANCIAL INSTITUTION (No Abbreviations): _____
ACCOUNT NUMBER (no IBAN #): _____
SWIFT CODE (Intl wires only): _____

X		
Vendor's Authorized Signature for Payment Deposits	Title	Date

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 (**PRINT** Name) _____ **Signature/Title** _____ Date _____

VP Finance for Non Standard Terms (**PRINT** Name) _____ **Signature** _____ Date _____

Dropship Yes: ___ No: ___