



Supplier Onboarding Form

Setup Type: Browser Based | System to System Integrated | Carrier Integrated
 Brand: Appleseed's | Tog Shop | Linen Source | Norm Thompson Outfitters | Sahali
 Blair | Gold Violin | Marketplace

Supplier Info: * denotes a required field

*Supplier Number: _____
 *Supplier Name: _____
 *Address: _____
 *City: _____ *ST _____ *Zip _____
 *Primary Contact: _____
 *Primary Phone: _____ *Email: _____
 *Secondary Contact: _____
 *Secondary Phone: _____ *Email: _____

User Information

User Name: _____ Password: _____
 User Name: _____ Password: _____

Technical Info:

Will you send/receive files electronically? Yes No
 If Yes, in what format? (EDI or CSV) _____
 Do you fulfill customized products? Yes No
 Technical Contact: _____
 Technical Phone: _____ Email: _____

Shipping Info: * denotes a required field

Shipping Address: _____
 City: _____ ST _____ Zip _____
 Return Address: _____
 City: _____ ST _____ Zip _____

*Shipping Lead Time: _____ # days	*Ground Only?: Yes <input type="checkbox"/> No <input type="checkbox"/>
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*Shipping Method(s): _____
 (check all that apply)

Carrier	3 rd Pty Bill	Carrier
UPS <input type="checkbox"/>	<input type="checkbox"/>	USPS <input type="checkbox"/>

Other Info: * denotes a required field

*Do you bill a handling fee?: Yes No
 If Yes, how much?: \$ _____ Per Item Per Order Per Package