

Vendor Information Form

Form No. 103 (Rev. 10/03)

Return Form To: Central Purchasing Uwajimaya Inc. 4601 6th Ave S. Seattle, WA. 98108 206.624-3215 206.624.0377 fax
 All forms are available for download at: <http://www.uwajimaya.com/vendorinfo.html>

ONE PER ORIGIN SHIP POINT

Vendor

(Please Print)

Company Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____

Fax Number: _____

Contact Name: _____

Contact Email: _____

Title: _____

Remit Address

(Please Print)

Company Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____

Vendor

Terms

1. Cash Terms: _____ % _____ Days Net _____ Days

2. Spoil Allowance: _____

3. Quantity Discount: Yes No If yes, please provide the order in units

Order in units (X one) Cases Lbs. \$ Cube ft. Pallets

4. Lead Time: _____ working days

5. Shipping Terms: Collect Pre-Paid

FOB Point:

Seattle Location Other: _____
 Bellevue Location
 Beaverton Location

6. Shipping Point: City _____ State _____ Zip Code _____

7. Pick up address: _____

8. Shipment Type: Palletized Exchange

Slip Sheet
 Other _____

9. Is Vendor EDI, DEX, or NEX capable? EDI DEX NEX N/A

10. Certificate of Liability Insurance Yes No
 (Certificate of liability insurance naming Uwajimaya, Inc. as "additional insured")

 Vendor Representative Signature

 Date

 Central Purchaser Signature

 Date