

Vendor Information Form

Form No. 103 (Rev. 05/09)

Return Form To: 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>

- 1) Fill out form completely
- 2) Include copy of insurance liability

ONE PER ORIGIN SHIP POINT

Vendor

Company Name: _____

(Please Print)

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ Fax Number: _____

Contact Name: _____ Title: _____

Contact Email: _____

Remittance address (if different from above) _____

Accounts Receivable Name/Phone: _____ Email: _____

Federal ID # / UBI #/ Social Security # _____

Vendor

Terms

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

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

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

3. Lead Time: _____ working days Spoil Allowance: _____

4. Shipping Terms: Collect Pre-Paid

FOB Point:

- Seattle Location Other: _____
- Bellevue Location
- Beaverton Location
- Renton Location

5. Pick up address/
Shipping Point: _____

6. Shipment Type: Palletized Exchange
 Slip Sheet
 Other _____

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

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

Vendor Representative Signature

Date

Central Purchaser Signature

Date

Department Manager Signature

Date