



VENDOR INFORMATION FORM

Vendor Name Website

PURCHASING ADDRESS

Vendor Address 1

Vendor Address 2

City State or Province Zip

Country County or Parrish

Purchasing Contact E-Mail

Phone Number

Fax Number

FEIN# (Include copy of W-9)

Payment Terms

PAYMENT REMITTANCE ADDRESS

Address 1

Address 2

City State or Province Zip

Country County or Parrish

A/R Contact E-Mail

A/R Phone Number

A/R Fax Number

Completed By Date

Please fax completed form along with your W-9 and Certificate of Insurance to (813) 654-2525 or e-mail to ebristow@flaseal.com Thank You!