

SUPPLIER REGISTRATION FORM



VENDOR TYPE

DATE _____

New Vendor
(Include W9)

Information Update
(Existing vendor)

COMPANY INFORMATION

Company Name _____

Doing Business As _____

Owner Name _____

Accounting contact _____

Phone Number _____

Fax Number _____

E-mail Address _____

Company Web Site Address _____

Federal ID or SSN _____

Physical Address _____

City _____

Country _____

State (if in USA) _____ Zip _____

Business Established (MM/YYYY) _____

DIVERSITY INFORMATION

Is company a Minority Owned Company? Yes No
(If the answer is yes, please fill out the information bellow)

Are you a Minority Certified Company? Yes No

If certified please add your Minority Vendor Certificate number _____

Business Classification

- Minority-Owned Type _____
- Small Business
- Woman-Owned
- Service Disabled Veteran-Owned Business
- LGBTQ

PCI is a National Certified Minority Owned Company constantly working towards equality. If your company is Minority Owned but does not have a Minority Certification, we will be happy to share with you valuable tools that can help you in case you would like to get certified. Visit PCIbrands.com/diversity-program to download the toolkit with the step-by-step to get started.

CAPABILITIES

Geographic Service Capability (Check all that apply)

- Local Regional National International

Has your company done any previous business with Postal Center International or Original Impressions or Arrowmail? (If the answer is yes, please fill out the information below)

Location _____

Contact Name _____

Contact Phone _____

Business Type: Manufacturer Distributor Service Provider

PRODUCTS & SERVICES

Products / Services Provided

Statement of Business
Capability (Max 500 characters)

VENDOR REFERENCES AND CONTACTS *(Optional)*

Please provide three of your principal vendor references and contact information for each

Company Name _____

Contact Name _____

Phone Number _____

Company Name _____

Contact Name _____

Phone Number _____

Company Name _____

Contact Name _____

Phone Number _____

BANKING INFORMATION *(Optional)*

Bank Name _____

Account Number _____ Bank Code or ABA Number _____

Swift Code _____ IBAN No. _____

Payment Terms _____