

DISTRIBUTION

MANUFACTURER*
 DISTRIBUTOR*
 DATE*

ACCOUNTS PAYABLE		PURCHASING
NAME*		
COMPANY NAME*		
ADDRESS 1*		
ADDRESS 2		
CITY/STATE/ZIP*		
FAX*		
PHONE*		
CONTACT*		
PAYMENT TERMS*		
WARRANTY*		
VENDOR PRODUCT LINE PROFILE		
DROP SHIP POLICY*		
FREIGHT TERMS*	PREPAID & ADD UP TO : \$	DELIVERED OVER: \$
ORDER POLICY		
SHIP FROM ZIP CODE		
RETURN POLICY		
WEB ADDRESS		

SUPPORT PROGRAMS	
VOLUME INCENTIVE REBATE (VIR) :	%
GROWTH INCENTIVE REBATE (GIR) :	%
CO-OPERATIVE FUNDS (COOP) :	%
I AGREE TO MAINTAIN PRODUCTS ON WWW.TXLDISTRIBUTION.COM	<input type="checkbox"/>

VENDOR CONTACT INFO	NAME	TITLE	EMAIL	TEL	EXT
EXECUTIVE					
SALES EXECUTIVE					
IT/MIS					
ADVERTISING					
ACCOUNTING					
CUSTOMER SERVICE					
BID REQUEST					
SUPPORT PROGRAM					
SPIFF PROGRAM					