



1-844-Lees-Ice

## New Vendor Form

Please complete all the following information, where applicable.

**Name of Company:** (as shown on federal tax return):

### **Delivery Information**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Point of Contact (POC): \_\_\_\_\_

POC Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Billing Information**

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PO# Required? YES / NO (Please ensure all PO's are emailed to orders & accounting)

Sales Tax Exempt: YES/ NO (If yes, provide attach a copy of resale tax cert)

How will payments be made?

A. C.O.D - Cash or Check on delivery: \_\_\_\_\_

B. Credit Card – To be charged after each delivery \_\_\_\_\_

C. Check or ACH to be mailed 30 day terms (**Net 30**): \_\_\_\_\_

***\*Any credit cards will be applied with an additional 3% processing fee\****

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position in Company



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## Authorization for Credit Card Use

*PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.*  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 or 4 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize **Lee's Ice** to charge the amount listed above to the credit card

provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_