

VENDOR INFORMATION SHEET

Accounting & Administration • Complete to set up your line with AllPro

VENDOR: Fill out every section that applies, sign below, and email this sheet with the ACH form to mandi.woodell@allprob2b.com.

1 COMPANY INFORMATION

Company name		Website	General phone
Company address (street, city, state, ZIP)			
Remittance address		Return address	
Federal ID #	Rep agency	Purchase order email	
Order portal (website)	EDI inventory available? ☐ Yes ☐ No		EDI contact

2 CONTACTS

CONTACT	NAME	PHONE	EMAIL
Sales			
Marketing / data			
Accounting			
Returns			

3 TERMS AND PROGRAMS

Payment terms	Prepaid freight (PPF) amount	AllPro account # with you	Accept EDI orders? ☐ Yes ☐ No
Co-op program	AAM member? ☐ Yes ☐ No	Do you dropship? ☐ Yes ☐ No	Dropship fees
Brands (list all)			
MAP or unilateral pricing program			

4 POLICIES AND INSURANCE

Product liability insurance (carrier and coverage)	
<i>We ask that AllPro be added to your policy as an additional insured within 60 days of our opening order.</i>	
Stock adjustment policy	How do you handle defects?

AllPro is part of The AAM Group. Please also send AAM's prospective vendor form to John at JohnD@theaamgroup.com.

5 COMPLETED BY

I confirm the information on this sheet is accurate.

Signature	Date	Name (print)	Title
-----------	------	--------------	-------