**New Supplier Authorization Form**

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| --- | --- |
| **Supplier Name**  |       |
| **Street Address** |       |
| **City, State Zip** |       |
| **Contact Name**  |       |
| **Email Address** |       |
| **Phone Number** |       |
| **Fax Number** |       |
| **Payment Terms** |       |
| **Reason for Adding New Supplier** |       |
| **Supplier Number** |       |
| **Authorization Signature** |     |
| **Date** |      A |
| **Attachment W-9 Form (required)** |  |      COP |
| **Amber Road Screening** |  |       |
| **Requested By** |  |       |