**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** |  |  |