

francesca's® Buyer's Name: _____

Today's Date: _____

Orders will not be placed until this form, a W9, and a signed Vendor Compliance Guide is emailed to the Buyer.

If all necessary information is submitted by 12:00 CST then the vendor will be set up in our system by 6:00 CST. All forms submitted after 12:00 CST will be set up the following business day.

This form must be typed.

Vendor Basic Information

Are your invoices Factored? Y N

If yes then submit the following:

Name of Factoring Agent: _____

Address: _____

Phone number: _____

Parent Company Name: _____

DBA Name (If Applicable): _____

Address: _____

City: _____

State _____

Zip _____

Telephone number: _____

Fax number: _____

Contact Name: _____

Contact Title: _____

Contact E-mail Address: _____

Ships From: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact Name: _____

Contact Title: _____

Contact Email Address _____

AP Contact and Phone Number: _____

AP Contact Email Address _____

Vendor Setup Information

Payment Type: Chk Crdt Other: Payment Terms: Net30 Net60

Auto-Email PO's? Y or N Other: _____

CC Code-A-Bar? Y or N Damage Allowance: _____

UPC Y or N Discount: _____

EDI Capable

EDI Capable: Y or N * Please fill out below if EDI Capable

EDI Contact Name: _____ EDI Phone Number: _____

EDI Contact E-mail Address: _____

Internal Use Only

Vendor Number: _____

Other Name: _____