

NEW LEAF DISTRIBUTING

Sidelines - Vendor Information Form

Form #1 of 2

newleafvendors.com

VENDOR CODE: _____ (for New Leaf internal use only)

Vendor Name: _____

Account Number: _____ (if you have assigned one to New Leaf)

Phone Numbers & Contacts:

Main Address (for orders):

Payee and Payment Address:

Returns Address (no P.O. boxes):

(Checks will be printed and mailed as such)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact E-Mail Address (required): _____

Website address: _____

Main Phone: _____ Toll-Free Phone (orders): _____

Fax.: _____ Toll-free Fax: _____

1 Account Rep.: _____ Ext: _____ Email _____

2 Customer Svc Manager: _____ Ext: _____ Email _____

3 Credit/AR Manager: _____ Ext: _____ Email _____

4 Returns Manager: _____ Ext: _____ Email _____

Returns Info:

Damaged and Defective Items will be accounted for by an affidavit.

Is a special label required to return damaged/defective items? YES NO

Do you need to be notified prior to receiving overstock returns? YES NO

Is a special label required to return overstock? YES NO

Comments: _____

Purchase Order Info:

New Leaf requires that all purchase orders be sent via e-mail.

Please provide your e-mail address for orders. E-Mail: _____

ISBN Prefix (1ST five Digits) (if applicable) _____

Return this form with product submission and product form(s) to:

New Leaf Distributing,
New submissions—Sidelines
401 Thornton Rd., Lithia Springs, GA 30122
Phone: 770-948-7845 / Fax: 770-944-2313