

Date: _____

Vendor Code: _____ (if known)

New Leaf Distributing Company Vendor Information Form

Please print legibly or type.

Vendor Name: _____
(Your account will be listed under this name in our system. Checks will be made out to this name unless you specify a different payee in the Contact Info section below.)

Publisher Name: _____
(If different than vendor name.)

Account #: _____ *(If you've assigned one to New Leaf)*

Contact Information

Mailing Address:

Payee & Payment Address:

Returns Address (no PO Box):

(Specify Payee if different than vendor name.)

(You must provide a physical address for returns.)

Website: _____

Main Contact: _____ E-mail: _____

Phone #: _____ Ext. _____ Fax #: _____

Accounting Contact: _____ E-mail: _____

Phone #: _____ Ext. _____ Fax #: _____

Returns Contact: _____ E-mail: _____

Phone #: _____ Ext. _____ Fax #: _____

Promo Contact: _____ E-mail: _____

Phone #: _____ Ext. _____ Fax #: _____

Purchase Order Info

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

Return this form with product submission and product form to: Attn New Submissions
New Leaf Distributing Company
401 Thornton Road
Lithia Springs, GA 30122-1557

It is your responsibility to notify New Leaf of any changes to this information. All requests for changes must be submitted via email.