

HILL COUNTRY ELECTRIC SUPPLY, LP
VENDOR SET-UP REQUEST FORM

VENDOR NAME: _____

VENDOR PAYMENT ADDRESS: (WHERE PAYMENT WILL BE SENT)

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

PHONE#: _____ - _____ - _____

FAX#: _____ - _____ - _____

Terms of Sale: _____

Type of Purchase:

Electrical Products for Resale Business Services Transportation/Delivery Other: _____

Vendor Tax ID: _____

Type of Business:

Individual Proprietorship Corporation Partnership Other: _____

ELECTRICAL PRODUCTS FOR RESALE VENDORS

REPRESENTATIVE'S NAME: _____

CONTACT PERSON: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

PHONE#: _____ - _____ - _____

FAX#: _____ - _____ - _____

FOR HCES AP USE ONLY

VENDOR ID: _____ IMARK VENDOR: YES No

CAT: INV EXP IMK DCI: _____ 1099 REPORTING: YES No