



TOWN OF WALPOLE

VENDOR INFORMATION

DEPARTMENT: _____

VENDOR NAME: _____

CUSTOMER ACCOUNT NUMBER: _____

CONTACT 1

NAME: _____

TITLE: _____

TELEPHONE: _____

FAX: _____

EMAIL ADDRESS: _____

CONTACT 2

NAME: _____

TITLE: _____

TELEPHONE: _____

FAX: _____

EMAIL ADDRESS: _____

PAYMENT TERMS

DO YOU ACCEPT **CREDIT CARDS** FOR INVOICE PAYMENT? _____

DISCOUNT PERCENT: _____

DAYS TO DISCOUNT: NET 10: NET 30: OTHER: _____

****PLEASE SUBMIT TO ACCOUNTING WITH W-9****