



Please return to [csmith@sunandski.com](mailto:csmith@sunandski.com)

### Vendor Set Up Form

(All Sections Must Be Completed)

New  Existing/Update

#### Section A-Vendor Information

Vendor Name: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Sales Department**

Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_

Line/Label Name: \_\_\_\_\_

**Accounts Receivable Department**

A/R Contact Name: \_\_\_\_\_

A/R Phone Number: \_\_\_\_\_

A/R Email: \_\_\_\_\_

Account # assigned to RCI: \_\_\_\_\_

Is B2B Access Available? Yes:  No:

B2B Website: \_\_\_\_\_

#### Section B-Remittance Information

(Select only one of the following)

Remit To Vendor:  
Vendor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Remit To Factor:  
Factor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Section C- Customer Merchandise Return Vendor Information

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_  
Additional Return Information: \_\_\_\_\_

#### Section D- Electronic Data Interchange Capabilities

Check those you presently support. Versions supported by Retail Concepts Inc. (4030)

810 Invoice

850 Purchase Order

856 Advanced Ship Notice (With UCC 128 labels)

997 Functional Acknowledgement

#### Section E- Credit Cards as a Form of Payment

Do you accept Mastercard as a method of payment?

Yes:  No:

If "yes" do you charge any fees or does this affect any other terms?

Yes:  No:

#### Section F- Vendor Added Service Information

All orders must be shipped in accordance with the terms and conditions on the Retail Concepts, Inc. Purchase Order and the Retail Concepts, Inc. Vendor Guidelines. Our guidelines can be found at: [www.retailconcepts.cc](http://www.retailconcepts.cc)

Please acknowledge that you have read the Retail Concepts, Inc. Vendor Guidelines by completing the following:

Logistics/Compliance Contact: \_\_\_\_\_

Logistics/Compliance Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Logistics/Compliance Email: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Requirements: Attachment of a current Certificate of Insurance naming Retail Concepts, Inc as an Additional Insured is required.