



Central Industrial
 1330 Piedmont Drive
 Troy, MI 48083
NEW SUPPLIER SET UP FORM
 Central Industrial will not accept any charges
 processed without a purchase order.

Central Industrial Office use only:	
Supplier #	
Purchasing Approval	
Initials:	
Date:	
Expense Purchase	<input type="checkbox"/>
Direct Material	<input type="checkbox"/>
Capital purchase	<input type="checkbox"/>
Manager's Approval	
Initials:	
Date:	
A/P Approval	
Initials:	
Date:	

Supplier Name: _____

Supplier Address: (No PO Box) Physical address only.

Street: _____

City: _____ State: _____ Zip: _____

Remit to address for Checks:

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ **Fax# :** _____

Sales Contact Name:		Ext.	
Sales Email:			
Accounts Receivable Contact		Ext.	
Accounts Receivable Email:			

Please mark the appropriate box:

- Email invoices to: Accounting@CentralConveyor.Com
- Mail your invoices to: Central Conveyor Co., LLC 52800 Pontiac Trail, Wixom MI 48393
- Fax your invoices to: 248-714-8111 Attn: Accounts Payable.

Please attach if marked:

- Certificate of Insurance
- Environmental Matrix

Check the appropriate box and also provide a copy of your W-9:

Standard Payment Terms:	Tax Identification Number	OR	Social Security Number	DUNS Number
Net 30				
<input type="checkbox"/> Individual/Sole proprietor single member LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate				
<input type="checkbox"/> Limited Liability Corporation enter the tax classification → <input type="checkbox"/> C.=Corp <input type="checkbox"/> Partnership <input type="checkbox"/> S=Corp				
<input type="checkbox"/> Minority Owned - attach certificate				

Please take note that all suppliers must sign our Supplier/Contractor/Visitor Acknowledgement Statement and return it with this form. Please check mark the box if you have completed the Acknowledgement Statement. If you need a copy please contact any of the Central Conveyor staff listed below.

Person who filled this form out:

Name: _____

Requested by (CCC Employee): _____ **Site** _____

Purchasing	Direct Line	E-mail	Accounting	E-mail	Direct Line
Dennis Brimberry		DBrimberry@CentralConveyor.com	Chelsea Bijansky	CBijansky@CentralConveyor.com	
Brian Castle		BCastle@CentralConveyor.com	Ashley Schmidt	ASchmidt@CentralConveyor.com	