



NJRGROUP

NEW SUPPLIER INFORMATION FORM

Please provide the following information and attach your company's W-9.

Information

Sales Contact : First: _____ Last: _____

Phone (____) _____ - _____

Email: _____

Remittance Information

Supplier Name: _____

Supplier Type : _____

Supplier Terms: _____

Payment Types Accepted: Check ACH Mastercard Amex Visa

Phone (____) _____ - _____ Fax (____) _____ - _____

Remit to address : _____

City: _____ State: _____ Zip Code: _____

Accounts Receivable Email: _____

Assigned Account Number : _____

Please return completed form along with W-9 to krussell@njrgroupinc.com.

PO Box 924 ♦ Albemarle, NC 28002

Phone: (980) 581-8102 ♦ Fax: (980) 247-1803 ♦ Email: info@njrgroupinc.com

ACH Remittance Information

We are pleased to announce NJR GROUP has the capability to make electronic payments to it's vendors. To receive electronic ACH payments please provide the following information:

Vendor's Bank Name: _____

Bank Address: _____

Bank Contract: _____ Bank Phone# _____

Bank Fax #: _____ Bank Account #: _____

Bank Routing # / ABA: _____

Other Notes:

Authorization:

I hereby authorize NJR GROUP, INC access to the above bank account for the purpose of ACH/Direct Deposit payment transactions.

Signed: _____ Date: _____

Printed: _____ Title: _____

If you have any questions please call NJR GROUP'S AP Department at
PH:980-581-8102 or Fax:980-247-1803 or krussell@njrgroupinc.com