



6645 Burroughs Ave.
Sterling Heights, MI 48314

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New Vendor Launch Form

All Fields Are Required

Company Name

Street City State Zip Code

Remit to Address (if different) Street City State Zip Code

Telephone Number Fax Number

Person of Contact (name and email)

Name Email

Name Email

Name Email

Reason for Vendor Setup (include SO# if possible)

Name of Person Submitting Request

Main Customer Service Contact (name) Email

Main Outside Sales/Regional Sales Manager (name) Email

Vendor Website and Portal Login Info (if applicable)

ISO 9001 Certification Number