

Terms: Miedema Inc - Net 30 after receipt of invoice

Vendor Information Form

4705 Via Giardiano Modesto, CA 95357 Accounting: 209.918.5871

Fax or e-mail completed information to: 209.791.5654 kathy@miedemainc.com

Vendor Name:			
Seller/Broker: First Name:			Last Name:
Mobile Phone:			Text or email preference: () Text () E-mail
Email Address:			
Office Address:			
City:	State:	ZIP:	Notes:
Accounting & Billi	ing Details:		
First Name:			Last Name:
Payment Address:			
City:	State:	ZIP:	Fax:
Email Address:			
Phone:	Cell:		Text or email preference: () Text () E-mail
Products Offered:			
(1)			(2)
(3)			(4)
Preferred Trucker:			Number of Trucks:

Thanks for taking the time to complete this information to become a supplier for Miedema Inc.

We look forward to working with your company in servicing our your dairy and livestock needs.

Feel free to contact our office anytime.

Notice: Fax or text weight certificate upon receipt of goods

Kathy Miedema-Ray | Miedema Inc Accounting | 209.918.5871