

# Stein Mart®

## Supplier Information Form

Visit website for answers to common questions @ <https://vendors.steinmart.com>

Or email the following Support Services listed below:

EDI Questions: [edi@steinmart.com](mailto:edi@steinmart.com)

Vendor Compliance: [vendorcompliance@steinmart.com](mailto:vendorcompliance@steinmart.com)

General Questions: [vendorservices@steinmart.com](mailto:vendorservices@steinmart.com)

### Request Type

- New Supplier/Add  
 Supplier Information Change/Update

Have you previously done business with Stein Mart?  Yes  No

If "Yes" enter Supplier Name and Last PO#

If you have multiple Supplier divisions/brands/labels, list them here:

### Supplier Corporate Information – Section A

Corporate Legal Name:

Parent/DBA Name: (If different)

Street Address:

City:

State:

Zip Code:

Corporate Phone Number:

Corporate Website:

Corporate Fax Number:

Corporate Email:

DUNS #

TIN/SSN #

**NOTE: All vendors must complete & submit current IRS W-9 Form –**

\*\*\*\*\*Link to IRS Form - [www.irs.gov/forms](http://www.irs.gov/forms)

#### Primary Contact:

Name:

Phone Number:

Title:

Fax Number:

Email Address:

#### Secondary Contact:

Name:

Phone Number:

Title:

Fax Number:

Email Address:

**Payment Terms:**

**Supplier Remit to Information - Section B**

Company Name:

Factor Name:

Street Address:

City:  State:  Zip Code:

Remit To Phone Number:  Company Website:

Remit To Fax Number:  *(example: www.steinmart.com)*

**Accts Receivable Contact:**

Name:  Phone Number:

Title:  Fax Number:

Email Address:

Advertising Load Percent:  Order Minimums: Dollars  Units

**All Supplier information or payment remit changes must be submitted on company letterhead with signature and title of a company officer and must include effective date of change. Documents must be emailed to: [vendorservices@steinmart.com](mailto:vendorservices@steinmart.com)**

**Supplier EDI Trading Partner Information – Section C**

Visit Stein Mart website <http://vendors.steinmart.com> for map to form

Vendor Compliance Contact:

Qualifier:

Interchange Control ID:

Network:

**EDI (Primary) Contact:**

Name:  Phone Number:

Title:  Fax Number:

Email Address:

**EDI (Secondary) Contact:**

Name:  Phone Number:

Title: <input type="text"/>	Fax Number: <input type="text"/>
Email Address: <input type="text"/>	
<b>EDI (3<sup>rd</sup> Party) Contact:</b>	
Name: <input type="text"/>	Phone Number: <input type="text"/>
Company: <input type="text"/>	Fax Number: <input type="text"/>
Email Address: <input type="text"/>	

Are you a UPC Vendor? If "No" you are required to provide Buyer UPC information <b>Codes must be provided to Stein Mart for PO creation.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Enter catalogue name: <input type="text"/>	Selection Numbers		
Catalogue Number <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Supplier Order Information – Section D

**Completion of this section acknowledges Supplier acceptance to Stein Mart's Standard Terms and Conditions of Purchase. Visit Stein Mart website <http://vendors.steinmart.com> to read**

ORDER FROM				SHIP FROM			
Supplier Name : <input type="text"/>				Supplier Name: (if different than Order) <input type="text"/>			
Street Address: <input type="text"/>				Street Address: <input type="text"/>			
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>		City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	
Contact Name: <input type="text"/>				Contact name: <input type="text"/>			
Title: <input type="text"/>				Title: <input type="text"/>			
Phone: <input type="text"/>	Fax: <input type="text"/>			Phone: <input type="text"/>	Fax: <input type="text"/>		
Email Address: <input type="text"/>				Email Address: <input type="text"/>			
<b>Must submit a blank Supplier invoice that includes payment terms and remit to with completed form for vendor setup.</b>							

**Floor Ready Capabilities**

*Check all that apply*

- Hanging Items on approved VICS
- Pre-ticketed with Stein Mart Retail Price

**Suppliers are required to ship pre-hung\pre-ticketed. Any variations must be stipulated on the PO.  
Standard shipping term is "FOB destination."**

**Standard Shipping Terms**

**FOB Point**

**XX Destination (Stein Mart)**

**Are you able to pack orders by store (Pre Mark)?** Yes  No

**Supplier Return Information – Section E**

**Is RTV Label required for (check all that apply)**

Marking Room Return       Sales Floor Return       Customer Defective

**Do you offer an allowance in lieu of damaged merchandise returns?**

YES (Contact Stein Mart Buyer for damage allowance agreement form)       NO (Damages will be returned to RTV address listed)

Contact Name: <input style="width: 90%;" type="text"/>		Street Address: <input style="width: 90%;" type="text"/>	
Title: <input style="width: 90%;" type="text"/>	City: <input style="width: 50%;" type="text"/>	State: <input style="width: 20%;" type="text"/>	Zip Code: <input style="width: 30%;" type="text"/>
Phone: <input style="width: 50%;" type="text"/>	Fax: <input style="width: 90%;" type="text"/>		
Email: <input style="width: 90%;" type="text"/>	Title: <input style="width: 90%;" type="text"/>		
Phone: <input style="width: 25%;" type="text"/>	Fax: <input style="width: 25%;" type="text"/>	Phone: <input style="width: 25%;" type="text"/>	Fax: <input style="width: 25%;" type="text"/>
Email: <input style="width: 90%;" type="text"/>	Email: <input style="width: 90%;" type="text"/>		

**STOP**

**SECTIONS BELOW FOR STEIN MART INTERNAL USE ONLY**

**Buying office to submit completed and approved form to Accounting Vendor Master Clerk.**

**Buying Office Information**

Buyer Name: <input style="width: 60%;" type="text"/>	Asst Buyer Name: <input style="width: 60%;" type="text"/>
Buyer Number: <input style="width: 40%;" type="text"/>	Asst Buyer Phone Number: <input style="width: 60%;" type="text"/>
Buyer Phone Number: <input style="width: 40%;" type="text"/>	Department Number: <input style="width: 30%;" type="text"/>
Description of the Merchandise: <input style="width: 90%;" type="text"/>	

Approving DMM Name:  Signature:  Date:

Approving GMM Name:  Signature:  Date:

Form completed/submitted

EDI testing/certification with DI Central (on SC website) or register for service with EZCOM  
( contact on website)

**Buying Office - after Supplier Site Number Setup:**

Submit Supplier Site # to Vendor for Registration with DI Central / EZCOM

Supplier Notified to Register with Avery on Supply Chain site

**Accounting Office Information**

Supplier Number:

Supplier Site Number

Initial Purchase Order Number  Net 60 Payment Terms

Supplier/Site Setup by:

Approver:  Date: