



Pure Edible Oils Vendor Profile Form

Vendor Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: _____
A/P Contact Person _____
Signature _____

REMIT TO:

Pure Edible Oils
P.O. Box 531
Fishers, IN 46038

PAYMENT TERMS

Price / Lbs.: _____ \$. _____
Terms: _____ Net 15 _____

Chef's Choice Canola

OIL TYPE

PAYMENT METHOD

Check: _____
EFT / ACH: _____

Please note the following: 60-Day cancellation notice,
all pricing, credits and reimbursements are based on current market trends and is subject to change
C.O.D payment terms when applicable
All equipment owned and maintained by Pure Edible Oils