

Vendor Negotiations Form

Merchandise: _____

Date Reviewed: _____

Supplier #: _____

Supplier Name: _____

Remit to Address:

E-mail: _____

Terms:

Phone: _____

Comments / Notes: _____

Fax: _____

Sales & Order Contact Information

Partner Representative			
Contact Name			
Address			
Broker (Y/N)	YES		NO
Phone			
Fax			
Mobile			
Email			

Order Desk	
Contact Name	
Address	
Phone	
Fax	
Email	
Notes:	

General Vendor Information:									
Minimum Order Qty:				Leadtime (In Days):					
Freight Type (Backhaul, Prepaid, etc.):		Freight Allowance							
Pick-Up Address and Contact information if Backhaul									
Consigned Inventory	YES		NO		Consolidator	YES		NO	

Programs, Promotions, and Allowances	
Slotting / New Items:	
Conversion \$\$\$:	
Administrative Fees:	
Guaranteed Product / Floor Stock Protection:	
Free Goods:	
Rebate Program:	
Growth Program:	
Rack Programs:	
Private Label	
Spoils & Return Policy	

Additional Comments: _____

Marketing & Sales:	
Percent of Spend:	Marketing Level

Percent of Spend.

Marketing Level

C&C	
New Store Opening Programs	
Sampling Policy	
End Cap Program	
Voicemail/Telemarketing	
POS Material	
Specialist \$\$\$	
Food Show	

Deliverable Support	
Sales Meetings	
Work with Sales (Ride alongs, etc.)	
Spiffs	

Ad Commitment					
Full Page:		Front Page:		1/4 page	
Half Page:		Back Page		Misc:	

Additional Comments: _____
