

## Broker Representation- Authorization from Vendor

DPI requires that its suppliers using brokers acknowledge in writing the responsibilities that are delegated by the invoicing vendor to their broker representative. We welcome the active participation of our broker partners however it is critical that we understand exactly what the broker's responsibility is as understood by the invoicing vendor.

Invoicing Vendor representatives must review and sign this document in order to satisfy this need. Signed documents will be maintained on file at the DPI Corporate Master Data Management Office. It is not necessary to identify the name of your broker representative on this form nor are you required to complete this form again if you assign a new broker in the future. This form is intended to identify responsibilities your broker representative has been authorized for on your behalf.

### Vendor Authorization for Broker Responsibilities:

I **Contact Name**  a duly authorized representative of

**Vendor Company Name**  **Taxpayer ID**

verify that our broker representatives servicing DPI has the authority to act as our agent regarding but not limited to the following list of actions:

*(Check only those that apply)*

- Solicit orders for Vendor products
- Authorize and execute advertising and promotional programs.
- Authorize new item placement fees
- Present all promotions and new items to DPI
- Clear deductions
- Present price changes
- Do price checks upon request.
- Attend sales meeting upon request
- Conduct business reviews
- Participate in store resets as needed
- Authorize and execute any and all programs which are necessary for the success of the vendor's products in the marketplace

I authorize the brokers listed below to represent our company for the Divisions selected.

		WE	RM	NW	MA
<b>Broker Name</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Broker Name</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Broker Name</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Broker Name</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
**Vendor Signature**

\_\_\_\_\_  
**Printed Name**

Current Date

If you have questions regarding this form please contact MDM Department  
[dpi-vendorforms@dpispecialtyfoods.com](mailto:dpi-vendorforms@dpispecialtyfoods.com)