

For any new product being presented for review by DPI, this information is required and must be completed prior to receiving any product samples.

Primary Vendor Contact Data for Purchasing and Sales

Please use the "Accounting" page for payment and related accounting information

Vendor Name	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		Country	<input type="text"/>
Vendor Website Address	<input type="text"/>		

Primary Contact	<input type="text"/>	Secondary Contact	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Cell Telephone	<input type="text"/>	Cell Telephone	<input type="text"/>
Fax	<input type="text"/>	Fax	<input type="text"/>
E-mail Address	<input type="text"/>	E-mail Address	<input type="text"/>

Manufacturer Representative/Broker Information

Name	<input type="text"/>	Special Instructions/Comments <input type="text"/>				
Address	<input type="text"/>					
City	<input type="text"/>		State	<input type="text"/>	Zip	<input type="text"/>
Telephone	<input type="text"/>		Fax	<input type="text"/>		
Cell Telephone	<input type="text"/>		E-mail Address	<input type="text"/>		

We have provided space for information for up to three different broker marketing areas below.

Broker 1 Company Name	<input type="text"/>	Broker 1 Primary Contact	<input type="text"/>
Broker 1 Title	<input type="text"/>	Broker 1 Market Area	<input type="text"/>
Broker 2 Company Name	<input type="text"/>	Broker 2 Primary Contact	<input type="text"/>
Broker 2 Title	<input type="text"/>	Broker 2 Market Area	<input type="text"/>
Broker 3 Company Name	<input type="text"/>	Broker 3 Primary Contact	<input type="text"/>
Broker 3 Title	<input type="text"/>	Broker 3 Market Area	<input type="text"/>

ACCOUNTING DATA

Date

Federal Tax ID Number

Remit to Address

Payee

Mail to Attn.

Address

City

State

Zip

Special Instructions/Comments

Accounts Receivable Contact Information

Contact

Title

Address

City

State

Zip

Telephone

Fax

Cell Telephone

E-mail Address

Special Instructions/Comments

Banking Information (for Overseas Vendors Only)

Bank Name

Address

Postal Code

City

Region/State

Country

E-mail Address

Telephone

Fax

Account Number

Swift Number

IBAN Number

This form, and any subsequent modifications to it, is subject to the terms and conditions of the Vendor Agreement.

PROCUREMENT DATA

Cost Change Notification Policy: DPI requires 91 day notification on all cost changes.

Date

Floor Stock Price Protection Offered if cost decrease: Yes No

Ordering Information Please complete for both Pickup and Delivered if applicable.

If Pickup		If Delivered
	Order Day if Required	
	Cut-Off Time for Orders	
	Lead Time (# of days) from Order Day to Pickup or Delivery Day	
	Minimum Order Size	
	Order Size UOM (lbs, cases, dollars, pallets)	
	Cut-Off Day for Add-On Orders	

Pick Up Location 1 if FOB or Ship from Address if Delivered *Mandatory

Warehouse Name <input style="width: 90%;" type="text"/>	Primary Contact <input style="width: 90%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Telephone <input style="width: 95%;" type="text"/>
City <input style="width: 15%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip <input style="width: 10%;" type="text"/>	Fax <input style="width: 95%;" type="text"/>
Hours of Operation <input style="width: 90%;" type="text"/>	Pallet Exchange <input type="radio"/> Yes <input type="radio"/> No
Pick-Up Allowance <input style="width: 90%;" type="text"/>	Pick-Up Appointment Required <input type="radio"/> Yes <input type="radio"/> No
Temperature of Product Shipping from this Location <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	Special Instructions/Comments <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

Pick Up Location 2

Warehouse Name <input style="width: 90%;" type="text"/>	Primary Contact <input style="width: 90%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Telephone <input style="width: 95%;" type="text"/>
City <input style="width: 15%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip <input style="width: 10%;" type="text"/>	Fax <input style="width: 95%;" type="text"/>
Hours of Operation <input style="width: 90%;" type="text"/>	Pallet Exchange <input type="radio"/> Yes <input type="radio"/> No
Pick-Up Allowance <input style="width: 90%;" type="text"/>	Pick-Up Appointment Required <input type="radio"/> Yes <input type="radio"/> No
Temperature of Product Shipping from this Location <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	Special Instructions/Comments <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

PROCUREMENT DATA (cont.)

Pick Up Location 3

Warehouse Name	<input type="text"/>	Primary Contact	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Zip	<input type="text"/>
Hours of Operation	<input type="text"/>	Pallet Exchange	<input type="radio"/> Yes <input type="radio"/> No
Pick-Up Allowance	<input type="text"/>	Pick-Up Appointment Required	<input type="radio"/> Yes <input type="radio"/> No
Temperature of Product Shipping from this Location	<input type="text"/>	Special Instructions/Comments	<input type="text"/>

Pick Up Location 4

Warehouse Name	<input type="text"/>	Primary Contact	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Zip	<input type="text"/>
Hours of Operation	<input type="text"/>	Pallet Exchange	<input type="radio"/> Yes <input type="radio"/> No
Pick-Up Allowance	<input type="text"/>	Pick-Up Appointment Required	<input type="radio"/> Yes <input type="radio"/> No
Temperature of Product Shipping from this Location	<input type="text"/>	Special Instructions/Comments	<input type="text"/>

Pick Up Location 5

Warehouse Name	<input type="text"/>	Primary Contact	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Zip	<input type="text"/>
Hours of Operation	<input type="text"/>	Pallet Exchange	<input type="radio"/> Yes <input type="radio"/> No
Pick-Up Allowance	<input type="text"/>	Pick-Up Appointment Required	<input type="radio"/> Yes <input type="radio"/> No
Temperature of Product Shipping from this Location	<input type="text"/>	Special Instructions/Comments	<input type="text"/>

FOOD SAFETY DATA

HACCP Plan in place for all products, ingredients and packaging materials Yes No

Plan Under Development Yes Scheduled Completion Date No

If No, Plan available for review at:

Address

City State Zip

Product Recall Plan in Place Yes No

Plan Under Development Yes Scheduled Completion Date No

Current Recall Program on File at DPI Division Yes No

Recall Coordinator

Contact	<input type="text"/>	Special Instructions/Comments <input type="text"/>
Title	<input type="text"/>	
Address	<input type="text"/>	
City	<input type="text"/> State <input type="text"/> Zip <input type="text"/>	
Telephone	<input type="text"/> Fax <input type="text"/>	
Cell Telephone	<input type="text"/> E-mail Address <input type="text"/>	

24 Hour Recall Telephone or Contact Point