

**SHOPKO STORES OPERATING CO., LLC**

**Shopko Vendor Allowance Worksheet**

Vendor Name \_\_\_\_\_ DVP \_\_\_\_\_  
 Primary Vendor Number \_\_\_\_\_ Buyer \_\_\_\_\_  
 Secondary Vendor ID(s) \_\_\_\_\_ Effective Date \_\_\_\_\_ To: \_\_\_\_\_ Department \_\_\_\_\_

ACCRUAL	% of		Method of Payment			Source of Allowance	Bill Frequency	Class Type
	Receipts	N/A	Off Invoice	Billback (*)	Auto Bill			
Advertising (POP Required)	_____	_____	_____	_____	_____	_____	_____	_____
Branding	_____	_____	_____	_____	_____	_____	_____	_____
Promotional	_____	_____	_____	_____	_____	_____	_____	_____
Defective Allowance	_____	_____	_____	_____	_____	_____	_____	_____
**New Store Allowance	_____	_____	_____	_____	_____	_____	_____	_____
Remodel Allowance	_____	_____	_____	_____	_____	_____	_____	_____
Partnership	_____	_____	_____	_____	_____	_____	_____	_____
Planogram	_____	_____	_____	_____	_____	_____	_____	_____
Volume Rebate	_____	_____	_____	_____	_____	_____	_____	_____

**Calculation Method:**

**Purchase calculation setup:**

Bracket #	Purchases up to	Accrual %
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

**\*\* New Store Delivery Count:** \_\_\_\_\_

**Freight Terms:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FLAT DOLLAR AMOUNTS	Amt per SKU	Flat \$ Amt	Comments
New SKU Allowance (\$500 minimum per SKU)	_____	_____	_____
Planogram Allowance (\$25 minimum per SKU)	_____	_____	_____
Placement/Endcap/Fastrack Allowance	_____	_____	_____
Partnership Program	_____	_____	_____
Signage / Visual Allowance	_____	_____	_____
New Store Allowance	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

**MARKDOWN AND DEFECTIVE ASSISTANCE**

Assistance for markdowns and excessive defectives may be necessary to offset the promotion of your product.

- Our seasonal gross margin expectation is \_\_\_\_%. Vendor profitability will be discussed on a regular basis and settled quarterly. This is our mutually agreed upon gross margin goal, but does not imply or require a guarantee.
- Excessive Defectives: Vendor is responsible for the cost of the actual defectives that exceed the defective allowance received by Shopko. This is a flat dollar amount and will be deducted as a Billback.
- If no defective allowance, how are defectives to be handled? \_\_\_\_\_  
 Detail for other: \_\_\_\_\_

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**PAYMENT TERMS**

**Regular:** \_\_\_\_\_ **New Store:** \_\_\_\_\_ **Seasonal or Special:** \_\_\_\_\_

For Billback programs, Vendor authorizes Shopko Stores Operating Co., LLC to bill vendor monthly for any allowances as set forth hereinafter. Shopko Stores Operating Co. LLC reserves the right to offset these billings against funds currently owed the vendor. If the funds are insufficient, the Vendor agrees to remit such amount within 30 days from the date of billing unless other terms have been agreed upon by Shopko's buyer and the Vendor as noted below. Shopko's Vendor Partnership Manual can be found at [www.shopko.com/vendors](http://www.shopko.com/vendors). This manual is updated periodically. It is the Vendor's responsibility to review the manual to ensure Shopko's requirements are met.

\*This agreement will automatically renew on the anniversary of the Effective Date unless either party terminates, or an updated Vendor Allowance Worksheet is signed.

Your signature signifies Vendor's agreement with all of the above stated Terms & Conditions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Authorized signature(must be signed by an authorized vendor representative)

**Print Name:** \_\_\_\_\_ **Print Title:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Allowance Billing Information**

**Attention of:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
**Address 1:** \_\_\_\_\_  
**Address 2:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Collection Method:** \_\_\_\_\_