

Lowe's Vendor Information Sheet

(Always ensure a list of applicable items accompanies this form)

Prepared by: _____ Date Completed: _____ Program Year: _____

Page 1 of this form is used as a substitute W-9

Home Office Information:

Vendor Name _____	
Federal ID Number (Required) _ _ - _ _ _ _ _	SS# (if no FIN) _ _ - _ - _ _ _ _
Mailing Address _____	Telephone: _____
Zip Code _____	Fax: _____
City _____	Internet _____
State _____	Email _____
Country _____	
Province _____	
Time Zone	Primary Business _____
<input type="checkbox"/> Eastern <input type="checkbox"/> Central	Primary Product _____
<input type="checkbox"/> Mountain <input type="checkbox"/> Pacific	

Corporate Relationships:

Company Name _____	How related (Subsidiary, Parent, Sister, DBA name, etc.) _____
_____	_____
_____	_____

Lowe's Companies Inc. participation in Government contracts requires periodic review of our files to assure that we have correctly recorded our suppliers' self-certification of business size, status as a Small Disadvantaged Business Enterprise and supplier compliance with Equal Opportunity requirements. Should you need assistance in determining your status in any of the categories listed below, please call the U.S. Government Small Business Administration Office in your area.

The vendor represents and certifies that it is a:

- LARGE BUSINESS (500 or more employees)
- SMALL BUSINESS (less than 500 employees)
- SMALL DISADVANTAGED BUSINESS

Business Activity:

- Merchandise (goods) Only
- Service Only
- Merchandise and Services
- Equipment Rental/Lease

Business Type (check one)

- 1) Corporation 4) Individual
- 2) Partnership 5) Trust/Estate
- 3) Sole Proprietor 6) Government Agency

Business Category: (Check All That Apply)

- Woman Owned Non-Profit Organization
- Veteran Owned HUB Zone
- Manufacturer Distributor

Disadvantaged (Minority) Business Representation – The vendor represents that its qualifying ownership falls within at least one of the following categories (Check only if applicable):

- Asian-Pacific American Black American
- Hispanic American Native American
- Native Hawaiian Organizations Other (Specify) _____

Please Attach Copy of U.S. Small Business Administration Certification Letter/Form if Applicable

The term "Small Disadvantaged Business" means a business, at least 51% of which is owned by one or more socially and economically disadvantaged individuals as defined by [15USCS § 636(f)], whose management and daily operations are controlled by one or more such individuals.

Authorized Vendor Representative: _____	Date: _____
Signature	
_____	Title: _____
Print Name	

FOR VENDOR INFORMATION SYSTEM

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Home Office Contacts:		
Merchandising Contact:	_____	Telephone: _____
Mailing Address:	_____	Fax: _____
	_____	Other _____
	_____	Email _____
Zip Code	_____	
City	_____	
State	_____	

President/CEO	_____	Telephone: _____
Mailing Address:	_____	Fax: _____
	_____	Other _____
	_____	Email _____
Zip Code	_____	
City	_____	
State	_____	

Customer Service	_____	Telephone: _____
Defective Returns	_____	Telephone: _____
Remit/Payables	_____	Telephone: _____
Shipping	_____	Telephone: _____
EDI	_____	Telephone: _____
Bar Code Coordinator	_____	Telephone: _____

Remit To Information:		
Check if Mailing Address is Same as Home Office <input type="checkbox"/>		
Mailing Address	_____	Telephone: _____
	_____	Fax: _____
	_____	Internet _____
Zip Code	_____	Email _____
City	_____	
State	_____	
Country	_____	
Province	_____	

Buy From Information:		
Check if Mailing Address is Same as Home Office <input type="checkbox"/>		
Mailing Address	_____	Telephone: _____
	_____	Fax: _____
	_____	Internet _____
Zip Code	_____	Email _____
City	_____	
State	_____	
Country	_____	
Province	_____	

FOR VENDOR INFORMATION SYSTEM

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Ship From Information: ¹

Check if Mailing Address is Same as Home Office

Mailing Address _____ Telephone: _____
 _____ Fax: _____
 _____ Internet _____
 Zip Code _____ Email _____
 City _____
 State _____
 Country _____
 Province _____

Standard Lead Time: _____

Freight Terms Information: ²

Please note variations in freight terms for store direct, warehouse, new store shipments

	Store	New	Freight Terms ³
RDC	Direct	Store	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collect
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepaid - Minimum for Prepaid _____ Lbs. _____ Units _____ Order Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepaid with Freight Charges Added to Invoice (Follow Lowe's Routing Guide)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collect w/ Freight Allowance. Allowance = _____ % / \$\$ How Paid? _____ (Off-Invoice or Netted into Costs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other. Please explain. _____

Carefully read each of the following and indicate your firm's position on these policies by checking the appropriate responses (Yes or No) below:

Yes No **EDI Compliant:** Vendor is currently EDI compliant

Yes No **SOS Product:** Vendor will supply Special Order Sales merchandise

Yes No **Product Liability Insurance:** If Lowe's determines your product is of a "high risk nature" and thereby subject to required coverage, Vendor agrees to meet all stipulations outlined in the Lowe's Information Guide. If your firm already carries product liability insurance, please complete the following: **Policy Limit \$** _____ **Policy Expiration:** _____

Yes No **Buy-Back Stipulation:** Vendor will provide Lowe's Merchandiser with written notification at least 60 days prior to any changes or discontinuation of product which is currently sold by Lowe's. Additionally, Vendor agrees to buy-back all such product F.O.B. Collect.

Yes No **Invoice Postponement:** Vendor agrees to postpone payment of invoices due in the final month of Lowe's fiscal year. Lowe's fiscal year ends on the Friday nearest January 31. Invoices due in the month of January will be due the first Monday after the fiscal year ends, without penalty.

FOR VENDOR INFORMATION SYSTEM

¹ If more than one shipping location, attach a separate sheet identifying all Shipping addresses.

² All Special Orders are to be shipped Prepaid.

³ All collect and prepaid/add shipments should comply with the current Lowe's Companies Traffic Routing Guide

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EDI Information*		EDI Coordinators: _____
Phone: _____	Fax: _____	e-mail: _____
EDI Network (VAN) Used: _____		
EDI Documents Supported: _____		
Annual # of Purchase Orders: _____	Are ALL products Bar Coded? Yes No	
UPC Manufacturer #: _____	Are ALL master cartons, pallets, etc. Bar Coded? Yes No	
Bar Code Symbology Used ⁺ : I 2 of 5 SSCC-18 Other _____		

Advertising Information	
Contact Name for Line Art and Transparency: _____	
Phone Number: _____	
Fax Number: _____	
e-mail Address: _____	

Master Buying Agreement	
Completed Master Buying Agreement* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date Signed _____ Merchandiser*: _____ MVP*: _____	Contact Name* _____ Phone*: _____ Fax*: _____ e-mail*: _____

FOR VENDOR INFORMATION SYSTEM

* If any of this information varies by item, note standard information here and attach a separate sheet with a list of those items and the item specific information.

+ Check one of the following options

Lowe's Vendor Information Sheet

(Always ensure a list of applicable items accompanies this form)

Lowe's Defective Return Policy Information Sheet (Always ensure a list of applicable items accompanies this form)

Date: _____

Product Description: _____

Date Setup: _____

Lowe's Product Group #: _____

Date Revised: _____

Manufacturer / Vendor Name: _____

Vendor Number: _____

Return Address: _____

Return Policy Applies to: Stock Warranty: Lifetime
Special Order (SOS) Limited (____ Years)
Stock and SOS Limited (____ Days)

RETURN METHOD (Select one option):

- Destroy (Preferred)
 - Destroy less than _____ (dollars, units, etc.), Otherwise Collect
 - Vendor Pickup
 - Vendor Collect *
- (Parcel Post Acct. # Required or 12% Shipping & Processing fee will apply)
- UPS - _____
- RPS - _____
- FedEx - _____
- Lowe's Prepaid with a 12% Shipping & Processing Fee*
- * Product will be sent back UPS or Com Carrier based upon size and weight

ALLOWANCE METHOD (Select one option):

- Lowe's Debit Memo (Preferred)
 - Defective Allowance _____ %
- (For Import and Seasonal Vendors Only)

RETURN AUTHORIZATION REQUIRED: No
 Yes

(If Yes, there will be a 5% Processing Fee unless Blanket RA# provided)

Blanket Return Authorization # _____

(Maximum 10 characters/digits)

Return Authorization Contact Name: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Special Instructions:

Merchandise Personnel Submitting Procedure: _____ Date: _____

FOR VENDOR INFORMATION SYSTEM

Lowe's Vendor Information Sheet

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Volume Rebate

Allowance % _____ Estimated Purchases \$ _____

Calendar Year Program

Other Start Date _____ End Date _____

Graduated % Yes No If yes, retroactive to first \$ Yes No

_____ TO _____ %

_____ TO _____ %

_____ TO _____ %

_____ TO _____ %

_____ TO _____ %

Basis for Calculation Gross Net¹ Other (Explain) _____

Flat Amount Commitment \$ _____

Payment Method Debit Memo Check Credit Memo² Other (Explain)

Payment Frequency Quarterly Semi-Annual Monthly Annual

Note: Send all payments to Product Accounting department, PO Box 1111, North Wilkesboro, NC 28656-0001

Comments _____

New Store Allowance

**New Stores are defined as new construction and relocated stores*

Effective Date (Stores Opening on or After) _____

Begin With Store _____ Product Group # _____

Program Types

Percentage of opening inventory, specify percentage: _____ %

Lowe's will issue a debit which includes direct to store and product stocked from the warehouse.

Fixed Amount per store Specify Amount \$ _____ (Lowe's will issue a debit)

Special Pricing (netted from Purchase Order price), specify percentage: _____ %

All PO's during grand opening promotion period qualify for allowance (up to 30 days following grand opening date)

Shipments sent from distribution center prior to store opening will qualify for special pricing discount.

Lowe's will issue a debit memo based on the discount % _____

Free Goods

Display fixtures and signage for new stores paid by vendor? Yes No

Specify details: _____

Display and sample product paid by vendor? Yes No

Specify details: _____

Extended payment terms for new stores: _____

Special freight terms for new stores: _____

Comments _____

FOR TRADE ALLOWANCE PROGRAMS

Copies of program terms and conditions must be forwarded to Product Accounting

¹ Net is defined as Gross Purchases less returns. Any definition other than this requires Lowe's MVP approval.

² Collection by credit memo requires Lowe's MVP approval.

Lowe's Vendor Information Sheet

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New Warehouse Allowances

_____ A fixed dollar commitment amount of \$ _____. Funds will be collected via Lowe's debit memo following the opening period * of the distribution center.

_____ A percentage equal to _____% of the value of inventory shipped to the DC during the opening period*. Funds will be collected via Lowe's debit memo following the opening period * of the distribution center.

Opening Date is the first receiving date at the DC - **Opening Period** is defined as the 90-day period following the opening date.

Other Allowances

	Percentage %	Payment Method ¹		
Freight Allowance	<input type="checkbox"/> Off Invoice	<input type="checkbox"/> Debit Memo	<input type="checkbox"/> Credit Memo	<input type="checkbox"/> Check
Truckload Allowance	<input type="checkbox"/> Off Invoice	<input type="checkbox"/> Debit Memo	<input type="checkbox"/> Credit Memo	<input type="checkbox"/> Check
Display Allowance	<input type="checkbox"/> Off Invoice	<input type="checkbox"/> Debit Memo	<input type="checkbox"/> Credit Memo	<input type="checkbox"/> Check
Early Buy Allowance	<input type="checkbox"/> Off Invoice	<input type="checkbox"/> Debit Memo	<input type="checkbox"/> Credit Memo	<input type="checkbox"/> Check
New Item/Placement	<input type="checkbox"/> Off Invoice	<input type="checkbox"/> Debit Memo	<input type="checkbox"/> Credit Memo	<input type="checkbox"/> Check
Promotional	<input type="checkbox"/> Off Invoice	<input type="checkbox"/> Debit Memo	<input type="checkbox"/> Credit Memo	<input type="checkbox"/> Check
Pre-Determined Cross Dock (PXD)	<input type="checkbox"/> Off Invoice	<input type="checkbox"/> Debit Memo	<input type="checkbox"/> Credit Memo	<input type="checkbox"/> Check
Other	<input type="checkbox"/> Off Invoice	<input type="checkbox"/> Debit Memo	<input type="checkbox"/> Credit Memo	<input type="checkbox"/> Check

Note: All allowances and terms noted above are valid for twelve months (unless noted differently in above comments) following the opening of a new store for initial stocking orders and "seasonal" product shipped after the grand opening period.

Note: Send all payments to Product Accounting department, PO Box 1111, North Wilkesboro, NC 28656-0001

Note: Debit will be issued if check or credit is not received within 30 days of period end.

Payment Terms Information

Federal ID Number _____

Standard Payment Terms² _____ (Example 2% 60 Days, Net 61 Days)

Promotion/End Cap/Sidestack/Display extended terms: _____

Early Buy/Seasonal extended payment terms: _____

Other (Identify): _____

Special Notes and Comments:

ACKNOWLEDGEMENTS:

Authorized Vendor Representative: _____ Date: _____

Signature

Title: _____

print name

Merchandising: _____ Date: _____

Signature

FOR TRADE ALLOWANCE PROGRAMS

Copies of program terms and conditions must be forwarded to Product Accounting

¹ Collection by credit memo requires Lowe's MVP approval.

² On all prox (proximate) and E.O.M (end of the month) dating, merchandise received after the 24th of any month shall be payable as if received on the first day of the following month.

Lowe's Vendor Information Sheet
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2002 Special Promotion & Advertising Program Support Agreement

Vendor Name _____

This Agreement is made and entered into this ____ day of _____, _____, by and between Lowe's Companies, Inc., and its wholly owned subsidiaries (Lowe's Home Centers, Inc., Lowe's H I W, Inc., Eagle Hardware & Garden, Inc.), The Contractor Yard, Inc., a wholly owned subsidiary of Lowe's Home Centers, Inc.; and any such other wholly owned subsidiaries (hereinafter separately and collectively referred to as "LOWE'S"), and the undersigned entity (hereinafter referred to as "VENDOR").

WITNESSETH:

WHEREAS, Lowe's is in the business of operating stores for the sale of goods and/or services; and

WHEREAS, the undersigned Vendor is a seller of products which it desires to sell to Lowe's; and

WHEREAS, Vendor desires to become a participant and Lowe's desires that Vendor become a participant in Lowe's Special Promotion and Advertising Program for 2002.

NOW, THEREFORE, in consideration of the mutual terms, covenants and obligations herein contained, the parties hereto intending to be legally bound hereby, agree and covenant as follows:

1. Definition:

As used herein, the "2002 Special Promotion and Advertising Program" shall mean the promotional advertising activities conducted by LOWE'S during LOWE'S fiscal year 2001 (February 2, 2002 through January 31, 2003).

2. Advertising:

LOWE'S will act as stewards of VENDOR'S promotional and advertising funds with respect to the LOWE'S 2002 Special Promotion and Advertising Program. Subject to Section 3 below, LOWE'S shall have the sole right to determine the nature, content and media of the promotional and advertising programs developed pursuant to this Agreement.

3. Product(s) To Be Featured:

LOWE'S shall have final approval regarding which of VENDOR'S product(s), if any shall be featured in the LOWE'S advertising program. LOWE'S will advertise products that are intended to create traffic in Lowe's stores so that the common interests of both LOWE'S and the VENDOR are considered. VENDOR may provide LOWE'S with advertising materials for such product(s) to be featured in such advertisements and promotions. Lowe's reserves the right to use or decline use of VENDOR supplied advertising materials.

4. Advertising Contribution Commitment

VENDOR hereby agrees to contribute to the LOWE'S 2002 Special Promotion and Advertising Program a flat sum of \$_____ or _____% of gross purchases, whichever is greater, (the "Vendor Participation Amount"). For the purpose of calculating the percentage of gross purchases, gross purchases for the (*check and initial one of the spaces below*)

_____ Calendar year (January 1, 2002 through December 31, 2002) *preferred*, or

_____ Lowe's fiscal year (February 2, 2002 through January 31, 2003)

will be used. (Note: If neither choice is selected, the default period will be calendar year).

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2002 Special Promotion & Advertising Program Support Agreement

5. Payment:

Payment is due from VENDOR at the end of each quarter (March 31, 2002, June 30, 2002, September 30, 2002, and December 31, 2002 for a calendar year program); or (May 3, 2002, August 2, 2002, November 1, 2002, and January 31, 2003 for a fiscal year program). VENDOR agrees to forego proof of performance to minimize administrative overhead. *(check and initial one of the spaces below)*

_____ LOWE'S is authorized to effect payment through issuance of a Lowe's Debit Memo and to make deduction from any amount due VENDOR at the end of each quarter (as defined above). If there is no amount due VENDOR or if the amounts due VENDOR are lower than the advertising funds due LOWE'S, then VENDOR shall pay LOWE'S the amount due within 30 days of receipt of notification by LOWE'S, or

_____ VENDOR will issue a check for balance due at the end of each quarter (defined above). VENDOR is responsible for identifying on the check that funds relate to VENDOR advertising support commitment. If LOWE'S has not received such check within 30 days of the end of the quarter, LOWE'S is authorized to effect payment through issuance of a Lowe's Debit Memo and to make deduction from any amount due VENDOR at that time. If adequate funds are not available to effect the deduction, VENDOR will still be responsible for payment of funds due.

(Note: Default terms are collection via Lowe's debit memo and will be used if selection not made above)

6. Copyrights and Marks:

Any and all copyrights and marks owned by Lowe's, which are in or contained on, the advertisements and promotional materials shall remain the property of LOWE'S. VENDOR shall execute all documents necessary to ensure that all copyrights in, and all marks contained on, the advertisements are and remain the property of LOWE'S.

7. Liability:

VENDOR shall be solely liable for, and shall indemnify LOWE'S for, any claims, losses, damages or liabilities (including attorney's fees) incurred by LOWE'S arising from or relating to any and all advertising materials or information provided by VENDOR to LOWE'S for use in the advertisements, including but not limited to claims for false advertising, trademark or copyright infringement or any other claims arising out of actions relating to federal and state laws and regulations.

8. Authorization:

LOWE'S is hereby authorized to develop and execute advertising and promotional programs in accordance with the above terms and conditions.

9. No Modification:

Except as modified herein, the Master Standard Buying Agreement between LOWE'S and VENDOR and other agreements between LOWE'S and VENDOR stand unchanged and in full force and effect.

Vendor Representative initial here _____ Lowe's Representative initial here _____

See page 3 for authorized signatures

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2002 Special Promotion & Advertising Program Support Agreement

IN WITNESS WHEREOF, intending to be legally bound hereby, the parties hereto have caused this Agreement to be executed the day and year first above written.

VENDOR AUTHORIZATION

Authorized Signature: _____ Date: _____

Print Name: _____

Title: _____

For Company: _____

Billing Address: _____

Attn: _____ Phone: _____

LOWE'S COMPANIES, INC. AUTHORIZATION

Authorized Signature: _____ Date: _____

Print Name: _____

Title: _____

Merchandising Division: _____

**IMPORTANT ADDITIONAL INFORMATION –
TO BE COMPLETED BY LOWE'S MERCHANDISING DEPARTMENT**

Home Office Vendor Number _____

Applicable Product Groups: _____

Projected Qualifying Gross Purchases: _____

Other Information: _____

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Vendor Service Tracking Information

Vendor Information

Is your company responsible for servicing Lowe's stores? Yes No

Contact Name _____

Mailing Address _____

Zip Code _____ City _____ State _____

Telephone _____ Fax _____

Does contact need to receive New Store information? Yes No

Others that should receive New Store information

Name	Address and Telephone Number

Service Group Information

Does your company utilize a Service Group to service Lowe's stores? Yes No

Service Group Name _____

Contact _____

Mailing Address _____

Zip Code _____ City _____ State _____

Telephone _____ Fax _____

Is the Service Group responsible for all stores? Yes No

If no, please list their area(s) of responsibility (i.e., by state, by SDC/RDC, by tab area, etc.)

Does contact need to receive New Store information? Yes No

Others that should receive New Store information

Name	Address and Telephone Number

Service Cost Information

Cost Method

Third Party Vendor Service – Lowe's Pays

Third Party Vendor Service – Vendor Pays

Vendor Performs Service – In Product Cost

Payment		Flat \$ Amount of Total Product Cost	Flat \$ Amount for Each Store Visit
%	\$		
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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Vendor Service Tracking Information

Store Visit Information

Vendor Name _____ Service Group Name _____

Routine Store Visit Frequency (Check One) 1/Week 1/Month 2/Month 1/Quarter Duration of Routine Visit _____

Does Service Group Attend Grand Openings? Yes No Duration of Grand Opening Visit _____

Task List

(Check ONLY those that apply)

	Routine Store Visit			New/Remerchandised Store Visit		
	Vendor	Service Group	Store	Vendor	Service Group	Store
Advise Store Management of Cycle Count Issues						
Assist RTM Clerks with Buyback Items						
Check Cross Merchandising Programs						
Check Dates for Dated Product and Correct Issues						
Check for Retail Pricing on all SOS Programs						
Check On-Hands in System and Perform Cycle Counts						
Complete Resets and Place POG in Upright						
Detail and Front all Products on the Shelf						
Dust, Clean, Face and Straighten Displays						
Ensure Correct Product is in Correct Home on POG						
Handle Defectives (with RTM Clerk)						
If Display is Lit, Replace Bulbs when Needed						
Install Bin/Beam Labels and Bin Locators						
Install POP Signage and Keep Up-to-Date						
Maintain Pick Tickets						
Maintain SOS Catalogs and Pricing Information						
Maintain Special Order Displays						
Maintenance Planogram						
Merchandise Overhead Doors						
Order and maintain Product Information Brochures						
Pull Down Top Stock and Stock Shelves – No Power Equipment						
Put Away all Backup Inventory in Correct Home						
Remove all Trash to Compactor or Designated Area						
Set Displays						
Train Store Employees						
Verify Price and Signage for SS, J-Hooks, etc.						
Verify Price Signs are Placed, Current and Clean						