

## CVS New Supplier Information Form Instructions

**Supplier to complete ALL White Fields on actual CVS New Supplier Information Form.  
CVS to complete ALL Gray Fields on actual CVS New Supplier Information Form.**

<b>Purpose:</b>	To establish a new Supplier number. Supplier #'s are Category Manager specific.
<b>Form Locations:</b>	The form can be accessed <ul style="list-style-type: none"> <li>• On-line from the forms directory on the common drive. The form name is g:\Common\Forms\CVS New Supplier Information Form</li> <li>• On-line on the EDI website <a href="http://www.cvssuppliers.com">www.cvssuppliers.com</a></li> <li>• Or hard copy at the Security desk in the Store Support Center</li> </ul>
<b>Supplier #:</b>	Generated systemically on-line at time of set up. Manually entered on form.
<b>Remit Supplier #:</b>	CM/AP enters this number when there are multiple PO Supplier numbers and a central payment Supplier.
<b>Choose One:</b> DSD Supplier Import Supplier Warehouse Supplier Expense Supplier	<i>Indicates the type of Supplier</i>

### Section 1

<b>Remit Address:</b> Supplier Name DBA Address 1 Address 2 City/State Zip Country	<b>Payable address</b> <ul style="list-style-type: none"> <li>• Company name</li> <li>• If different from Supplier name, the name the Supplier is Doing Business As</li> <li>• Street address where payment is sent</li> <li>• Additional street info or PO box where payment is sent</li> <li>• City, state where payment is sent</li> <li>• Zip code where payment is sent</li> <li>• Country, if other than USA</li> </ul>
<b>PO Address:</b> Name Street City/State Zip Sales Rep AP Phone # Corporate Phone	<b>Purchase orders are sent to this address</b> <ul style="list-style-type: none"> <li>• Name where PO is sent</li> <li>• Street address where PO is sent</li> <li>• City/state where PO is sent</li> <li>• Zip code where PO is sent</li> <li>• Person to contact about account</li> <li>• Contact number for collection purposes</li> <li>• Contact number to reconcile account</li> </ul>
<b>Category Manager Code:</b>	1 numeric or alpha digit code for the Category Manager
<b>FMM Code:</b>	3 numeric digit for the Field Marketing Manager
<b>FOB/FFA/Prepaid:</b>	How merchandise will be shipped to warehouse-freight or transportation charge.  1 numeric digit code <ul style="list-style-type: none"> <li>• 1 = FOB (Free on Board)</li> <li>• 2 = FFA (Full Freight Allowance)</li> <li>• 3 = Prepaid</li> </ul>
<b>Co-Op Ad Code:</b>	CM to negotiate w/Supplier  1 numeric digit code <ul style="list-style-type: none"> <li>• 1 = Advertising in any warehouse fulfills advertising requirements in all warehouse.</li> <li>• 2 = Each warehouse is required to advertise on initial buy made for that</li> </ul>

	warehouse.
	<ul style="list-style-type: none"> <li>• 3 = Advertising is required for all buys made by a warehouse.</li> <li>• 4 = Advertising in one or more specific warehouse fulfills requirement in all warehouses.</li> <li>• 5 = Advertising subject to certain exceptions.</li> <li>• 9 = Supplier does not offer co-op advertising allowance.</li> </ul>
<b>Order Multiple:</b>	The multiple at which orders will be created <ul style="list-style-type: none"> <li>• C = Cases</li> <li>• D = Dozens</li> <li>• P = Pieces</li> </ul>
<b>Minimum Units:</b>	Minimum order quantity .
<b>Minimum Units Multiple:</b>	What minimum units are multiplied by <ul style="list-style-type: none"> <li>• C = Case</li> <li>• Z = Dozens</li> <li>• P = Pieces</li> <li>• L = Pounds</li> </ul>
<b>Minimum Dollars:</b>	Minimum \$ amount that supplier will ship per PO.
<b>Pay Terms:</b>	Payment terms. Ex. Net 30 days is entered as a 2 digit field (30). Up to 5 fields.
<b>Damage Disposition Code:</b>	2 digit alpha code <ul style="list-style-type: none"> <li>• DO = Donate</li> <li>• VP = Supplier Pickup</li> <li>• SV = Supplier Return</li> <li>• SI = Dispose</li> </ul>
<b>Damage Payment Type:</b>	1 digit alpha code <ul style="list-style-type: none"> <li>• C = Supplier sends check to CVS</li> <li>• W = Writeoff: CVS absorbs the cost of damages, or Supplier pays off-invoice allowance</li> <li>• D = CVS deducts Damage from the next payment to Supplier</li> </ul>
<b>DSD/Expense Supplier Only</b>	
<b>Pay Group:</b>	AP enters this for payment criteria.
<b>Tax ID #:</b>	Company's tax identification number. AP uses for taxable entities
<b>Employee Y/N:</b>	Suppliers/Expense/Supplies = N, CVS Employee Payment = Y. AP uses to identify payments for Travel & Entertainment reports.
	<b>Section 1 (End)</b>
<b>Section 2</b>	
<b>Seasonal</b>	Check box if seasonal merchandise only.
<b>Product Description</b>	General description of product.
<b>Credit Application Attached</b>	Attach credit application if supplied.
<b>Certificate of Liability Attached</b>	Attach Certificate of Liability if supplied.
	<b>Section 2 (End)</b>
<b>Section 3 a</b>	
<b>Does Supplier provide bracket pricing? Y/N</b>	Yes, if supplier provides different cost based on quantity/volume.
<b>All Store Suppliers Y/N</b>	Yes, if supplying all stores.
<b>Does Supplier pay freight Y/N</b>	Yes, if supplier pays freight charges. CM assigns type.
<b>Drop ship</b>	Warehouse product being delivered direct to the stores by the supplier or other third party.

<b>Detail or Summary Supplier</b>	CM assigns type.
<b>Gross Margin %</b>	Average GM of product.
<b>CVS Corp 1s</b>	CVS assigned Unique supplier identifier - 4 digits - all numeric located on all checks from CVS.
<b>Account Mgr &amp; Contact Info</b>	General Contact for CVS.
<b>AR Mgr &amp; Contact Info</b>	Payment contact for CVS.
<b>CVS Merchant Contact Name</b>	Supplier's main contact.
<b>UPC on product?</b>	UPCs need to be on all product.
<b>Cost of product vary by CVS store location?</b>	Informational purposes.
<b>Send EDI 810 transmissions to CVS?</b>	Informational purposes.
<b>Internet access?</b>	Suppliers with internet access will utilize the CVS Supplier Portal to submit cost changes or research invoice cost discrepancies and therefore must submit a Security Authorization Form.
<b>Present for delivery during normal business hours?</b>	Informational purposes.
<b>Do you use DEX (Direct Exchange) technology with other retailers?</b>	Suppliers indicating that they have DEX technology must be present at delivery and possess a handheld unit that is utilized to electronically transmit invoice data, at time of delivery. All DEX suppliers are required to supply their Comm ID and DUNS #, a unique 9- digit numeric identifier, assigned to your company by Dun & Bradstreet for use in electronic data interchanges. <i>We do not require your Location Code.</i>
<b>Section 3b</b>	
<b>SBT Information</b>	Listed in this section is the SBT mailbox for inquiries your company may have on the SBT program.
<b>Section 3c</b>	
<b>Communication ID &amp; DUNS #</b>	Data Universal Numbering System. Unique 9-digit number assigned to your company by Dun & Bradstreet used as an identifier in electronic data interchanges.
<b>DEX Contact Information</b>	DEX technician for certification and troubleshooting.
<b>DEX Unit Information</b>	Manufacturer of DEX handheld unit, model, and software version.
<b>Plans to upgrade to DEX version 5010?</b>	CVS does not currently support version 5010 and will not be compatible. Informational purposes to determine when CVS should upgrade.
<b>Section 3 (End)</b>	
<b>Section 4</b>	
<b>Information for Electronic Delivery of PO</b>	
<b>EDI Info</b>	
<i>Import Y/N</i>	Import company = Y, domestic company = N
<i>EDI Capable Y/N</i>	Can company receive POs electronically – yes/no
<i>EDI Contact</i>	Person to contact concerning electronic delivery of POs
<i>Fax#</i>	Fax# of EDI contact
<i>Email Address</i>	Email address of EDI contact
<i>Phone #</i>	Phone # of EDI contact
<b>EDI Customer Service Info</b>	
<i>Contact Name</i>	Customer Service contact
<i>Email Address</i>	Email address of customer service contact
<i>Fax#</i>	Fax# of customer service contact
<i>Phone #</i>	Phone # of customer service contact
<b>Fax number to send Purchase</b>	Needed in order to setup EDI

Orders before EDI setup takes place

Section 4 (End)

Section 5

**Merchandise Return Address**

Where merchandise will be returned. Entered on MCR screen #10072.

**Warehouse Return**

Name, Street, City/State

Zip, Phone

The address to return merchandise from the warehouse.

**Store Return**

Name, Street, City/State

Zip, Phone

The address to return merchandise from the store via Carolina Reclamation.

**Ship From Address**

**Address 1**

Warehouse Contact Name,

City/Date, Zip, Phone#

Location where merchandise will be shipped from by the supplier

**Address 2**

Warehouse Contact Name,

City/State, Zip, Phone #

If product ships from multi-locations, utilize Address 2

**Do you offer a backhaul program?**

Y/N

Contact Name and Contact Phone #

Required to identify back haul program availability from "Ship From Address" listed above.

**Do you offer collect pricing? Y/N**

Contact Name and Contact Phone #

Is the cost of the freight removed from the price?

Section 5 (End)

**Beer and wine product**

If checked, send a copy to Inventory

**Fintech Partner**

Information purposes for AP.

**Item to send copies to the following departments:**

ECR, Logistics, & DSD.

**Requested by:**

CM or FMM Requesting Supplier be setup.

**Supplier Signature**

Supplier signs and dates.

**CVS Authorized Signature**

CM signs and dates.

**CVS Financial Approval Signature**

DMM signs and dates.