

New Product Presentation Fact Sheet Example

INSTRUCTIONS:

1. COMPLETE THIS FORM IN FULL. PLEASE PRINT OR TYPE.
2. ATTACH CURRENT PRICE LIST - SELLING POLICY AND SHIPPING SCHEDULE.
3. ATTACH ALL ADDITIONAL ADVERTISING INFORMATION.

4. PLEASE ENCLOSE SAMPLES OF NEW ITEMS.

NEW PRODUCTS PRESENTATION FACT SHEET
 FEDERATED CO-OPERATIVES LIMITED
 ATTN: HOME OFFICE FOOD DEPT.
 401 - 22ND STREET EAST
 P.O. BOX 1060
 SASKATOON, SASKATCHEWAN S7K 3M9
 PHONE: (306) 244-3311 FAX: (306) 244-3403

DATE PRESENTED _____

SUPPLIER	
NAME	
ADDRESS	
POSTAL CODE	

INVOICED BY

REPRESENTATIVE	
COMPANY	
NAME	
ADDRESS	
POSTAL CODE	
PHONE NO. RESIDENCE	BUSINESS

INDICATE BELOW THE NAME, ADDRESS AND POSTAL CODE OF WHERE CORRESPONDENCE SHOULD BE DIRECTED		FAX NO./	NAME OF CARRIER	NAME OF WAREHOUSE AND SHIPPING POINT OF GOODS	LEAD TIME
CALG.					
EDM.					
STOON					
VUL.					

Sample

CASH TERMS	F.O.B. POINT	MIN. SHIPMEN	SPEC. TERMS	CH. TENDED	TRUCK OR CAR	ALLOW	WHSE. ALLOW	LINKS AND SWELLS	MISC. DISCOUNTS

ALL NEW LISTING MUST BE ACKNOWLEDGED AS GUARANTEED SALE, FOR LISTING. <input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE	ALL NEW LISTINGS MUST BE RETURNABLE IF SALES DON'T WARRANT A LISTING AFTER A FAIR TEST PERIOD. <input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE	DO YOU HAVE DIFFERENT QUANTITY PRICES? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF SO ATTACH WITH QUALIFICATIONS)
IF FREIGHT PREPAID, WILL YOU SHIP VIA OUR TRUCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU ALLOW US A FREIGHT ALLOWANCE? (IF YES, INDICATE \$/CWT, BY BRANCH IN APPROPRIATE SPACE ON BACK PAGE). <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU PARTICIPATE IN THE CHEP PALLET EXCHANGE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
WOULD YOU PARTICIPATE IN CONSOLIDATED POOL CARS FROM EASTERN CANADA (I.E.: CLARK-RAIFAST)? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU RECOGNIZE UNITED GROCERS INCORPORATED FOR VOLUME DISCOUNT PURPOSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ACCUMULATED VOLUME ALLOWANCE RATE (ATTACH DETAILS IF NECESSARY)	WHEN PAYABLE AND TO WHOM	

ATTACH OR OUTLINE THE PROMOTIONAL SUPPORT THAT WILL TAKE PLACE. INCLUDE START AND STOP DATES OF THIS PROMOTIONAL SUPPORT (T.V., RADIO, NEWSPAPER, COUPONS, ETC.)

WHAT IS YOUR NEW STORE OPENING POLICY? _____

ACCUMULATIVE ADVERTISING ALLOWANCE RATE _____ (ATTACH DETAILS IF NECESSARY)

WHEN PAYABLE AND TO WHOM _____

WE AGREE TO PAY ALL ADVERTISING FUNDS TO THE WHOLESALE _____ SIGNATURE

WHAT IS YOUR SPOILS POLICY? RETAIL _____


WHOLESALE _____

WHAT CHAINS OR GROUPS ARE NOW STOCKING THESE PRODUCTS? _____

WHAT IS YOUR PRICE PROTECTION POLICY? _____

HOW CAN WE QUALIFY FOR PERIODIC PROOF OF PERFORMANCE ALLOWANCE? _____

COMPLETE THE REVERSE SIDE ON PRODUCT DESCRIPTION

P/L BOOK NO.	BRAND NAME AND ITEM DESCRIPTION											MASTER CASE COUNT	CASE PACK	ITEM MEASURE	CASE WEIGHT (POUNDS)	SHIPPING CASE DIMENSIONS (INCHES)			SHELF LIFE DATE	
	SECTION	GROUP	SEQUENCE	UPC		O. SUPPRESSED UPC		CASE CODE		UPC MULTI-PK. NO.						PALLET		OBT. APPLICABLE <input type="checkbox"/> YES (A) <input type="checkbox"/> NO (Z)		RETAIL UNIT DIMENSIONS AS MERCHANDISED (MP)
GROUP	FAMILY	SEQUENCE	VENDOR CODE	PRODUCT CODE							TE	HIGH	DEPTH	WIDTH	HEIGHT					
REGION	REGULAR COST	ALLOWANCE OFF INV.	DATE ALLOW. IN EFFECT		ALLOWANCE BY CHECK	DATE ALLOW. IN EFFECT		OTHER ALLOWANCE	DATE ALLOW. IN EFFECT		NET COST AFTER ALLOW.	S.P. OR PRE-PRICE	FREIGHT ALLOWANCES	PST Y, N	DROP SHIP COST	DIRECT COST	MGN.	FCL VENDOR NUMBER	UNIT DIM. SAMPLE	BUYER SIGNATURE
CALGARY																				
EDMONTON																				
SASKATOON																				
WINNIPEG																				

STORAGE REQUIREMENTS (CHECK): DRY REFRIGERATED FREEZER. IS TEMPERATURE CONTROL REQUIRED DURING WINTER/SUMMER TRANSPORTATION? YES NO
 THE FOLLOWING IS REQUIRED WITH EACH PRESENTATION:

MATERIAL SAFETY DATA SHEET (If Applicable)	SCAN DATA VALIDATION SHEET	LIVE SCANNABLE SAMPLES	LISTING ALLOWANCE	TYPE OF CONTAINER (For Ecology Purpose)	PRODUCT AVAILABILITY DATE
				<input type="checkbox"/> TETRA <input type="checkbox"/> GLASS <input type="checkbox"/> HDPE PLASTIC <input type="checkbox"/> GABLE TOP <input type="checkbox"/> PET PLASTIC <input type="checkbox"/> ALUMINUM <input type="checkbox"/> PVC PLASTIC	

RETAIL UNIT DESCRIPTION (CHECK): BOX CAN JAR BOTTLE ENVELOPE OTHER _____

Sample

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			\$ _____	<input type="checkbox"/> TETRA <input type="checkbox"/> GLASS <input type="checkbox"/> HDPE PLASTIC <input type="checkbox"/> GABLE TOP <input type="checkbox"/> PET PLASTIC <input type="checkbox"/> ALUMINUM <input type="checkbox"/> PVC PLASTIC	

RETAIL UNIT DESCRIPTION (CHECK): BOX CAN JAR BOTTLE ENVELOPE OTHER _____

GENERAL INFORMATION (NEW VENDORS ONLY)

Complete this area only if this is the first time Safeway is establishing business transactions with your company.

SAFEWAY'S USE ONLY

NOTE: When changes are made to any of these areas that will affect the method in which Safeway purchases merchandise, please advise us by letter, or vendor/broker fact sheets.

Direct Delivery Vendors:

Catalog Distributor	Yes	No
Drop Shipment	Yes	No
Product Line	Yes	No

VENDOR (Please Print)

Company Name _____
 Address _____
 City/State: _____ Zip _____
 Telephone: _____
 Fax Number _____
 Customer Service / Toll Free: (800) _____
 Contact Name _____
 Title _____

1 Cash terms _____ % _____ days, Net _____
 2 Swell allowance _____ %
 3 Trade discount _____ % per case or other
 4 Quantity discount Yes No If yes, provide quantity breakpoints
 5 Minimum order quantity _____ Maximum order quantity _____
 Order in units of (X one) Cases Lbs. \$ Cube ft. Pallets Other
 6 Shipped via (X) If Buyer's truck complete #7 and #8
 Truck Rail Buyer's truck
 7 Freight allowance \$ per _____ minimum quantity
 8 Pick up address _____

BROKER (Please Print)

Company Name _____
 Address _____
 City/State: _____ Zip: _____
 Telephone: _____
 Fax Number: _____
 Customer Service / Toll Free: (800) _____
 Contact Name: _____
 Title: _____

9 Price protection terms? Yes No
 Store stocks Warehouse Invoice
 10 Shipping terms (X) one
 A. FOB Origin-Freight Collect-Origin-Collect
 B. FOB Origin-Freight Prepaid-Origin Prepaid
 C. FOB Origin-Prepaid-Charge Back Origin-Prepaid Chg
 D. FOB Destination-Freight Collect-Destination-Collect
 E. FOB Destination-Freight Prepaid-Destination-Prepaid
 F. FOB Destination-Collect/Allowed-Destination-Collect-Alw
 11 Shipping point City/State _____ Zip code _____
 12 First Ship Date _____
 13 Leadtime for delivery to buyer's warehouse _____ working days. (Include P.O. mail time)
 14 Pallet/Slip sheet information (X) Box that applies
 A. Merchandise is shipped on slip sheets
 B. Merchandise is shipped on 4 way GMA hardwood pallets
 C. Pallet exchange is available
 D. Merchandise is floorloaded
 15 Is Vendor EDI, DEX, or NEX capable? EDI DEX NEX N/A
 If so, please provide:
 EDI/DEX contact name _____
 EDI/DEX contact phone _____

Invoiced by: **Vendor** **Broker**

* Vendor/Item cannot be set up without these two forms on file with Safeway.

CCG Continuing Commodity Guarantee
 POI Proof of Insurance

** Information Resources Inc
 Attn: National Product Library
 150 North Clinton Street
 Chicago, IL 60661-1416
 Phone (312) 474-2500 Fax (312) 474-2991