#### 2 RETAIL NAMPLE IS REQUIRED WITH ALL NEW ITEMS Attack growniansi providition sheet if protof

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# New Product Presentation Fact Sheet Example

SUP5	PLIER	NEW PRODUCTS PRESENTATION FA FEDERATED CO-OPERATIVES LIMIT ATTN: HOME OFFICE FOOD DEPT. 401 - 22ND STREET EAST	ED 1. COMPI 2. ATTAC	NT OR TYPE. LICY AND SHIPPING SCH	EDULE						
ADDRESS		401 - 22ND STREET EAST 3. ATTACH ALL ADDITIONAL ADVERTISING INFORMATION. P.O. BOX 1050 4.PLEASE ENCLOSE SAMPLES OF NEW ITEMS. SASKATOON, SASKATCHEWAN S7K 3M9 PHONE (306) 244-3311 FAX: (306) 244-3403 DATE PRESENTED									
	POSTAL CODE		E NAME, ADDRESS AND POSTAL CODE		NAME OF	NAME OF WAREHOUSE	LEAD				
			SPONDENCE SHOULD BE DIRECTED	FAX NO./	CARRIER	AND SHIPPING POINT OF GOODS	TIME				
INVOICED BY		CALG.									
DEDDEOR	ENTATIVE										
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NAME											
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PHONE NO. RESIDENCE	BUSINESS	Yu	hhe								
CASH TERMS F.O.B. POIN	IT MIN. SHIPMEN SPEC TE 3	OF TENDEDOV 16 TRU OR CAPLE ALLOW	WHE ALLOW L KSA SWELLS	MISC. DISCOUNTS							
			ATTACH OH OUTLINE THE PROMOTIONAL SUPP	ORT THAT WELL TAKE	ACE INCLUD	E START AND STOP DAT	es or				
EDGED AS GUARANTEED SALE, FOR SA	L NEW LISTINGS MUST BE RETURNABLE IF LES DON'T WARRANT A LISTING AFTER A IR TEST PERIOD.	DO YOU HAVE DIFFERENT QUANTITY PRICES?	THIS PROMOTIONAL SUPPORT (T.V., RADIO, NE			E START AND STOP DAT	EB OF				
AGREE DISAGREE	AGREE DIBAGREE	(F SO ATTACH WITH QUALIFICATIONS.)									
SHIP VIA OUR TRUCKS? (II	ILL YOU ALLOW US A FREIGHT ALLOWANCE? F YES, INDICATE \$/CWT, BY BRANCH IN PPROPRIATE SPACE ON BACK PAGE).	WOULD YOU PARTICIPATE IN THE CHEP PALLET EXCHANGE PROGRAM?									
YES NO	YES NO	YES NO	WHAT IS YOUR NEW STORE OPENING POLICY?								
WOULD YOU PARTICIPATE IN CONSOLIDATE FROM EASTERN CANADA (I.E.: CLARK-PAILF)	AST)? FOR VOLUME DISCOU										
YES N ACCUMULATED VOLUME ALLOWANCE	WHEN PAYABLE AND TO WHOM	YES NO	ACCUMULATIVE ADVERTISING ALLOWANCE RA	TE	(A1	TACH DETAILS IF NECE	SSARY)				
RATE (ATTACH DETAILS IF NECESSARY.)			WHEN PAYABLE AND TO WHOM								
	ING THESE PRODUCTS?		WE AGREE TO PAY ALL ADVERTISING FUNDS TO THE WHOLESALE								
	ING THESE PHODUCIS?		WHAT IS YOUR SPOILS POLICY? RETAIL								
	F OF PERFORMANCE ALLOWANCE?		WHOLESALE								
			COMPLETE THE REVERSE SIDE ON	PRODUCT DESCRIPTION		FORM 744 (F	lev, '97)				

#### FORM 744 (Rev.'97)

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	NATERIAL SAFETY SCAN DATA LIVE SCANNABLE LISTING DATA SHEET VALIDATION BAMPLES SHEET S						E	TYPE OF CONTAINER (For Ecology Purpose)           TETRA         GLASS         HDPE PLASTIC           QABLE TOP         PET PLASTIC           ALUMINUM         PVC PLASTIC							PRODUCT AVAILABILITY DATE																				
RETAIL UNIT	DES	CRIPTK	IN (CHEC	( <b>#</b> ):		BOX	0	CAN	ο.	JAR		OTTLE		E E	WELO	PE		OTHER	a						_	_									

## 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

No

No No

	Direct Delive	ery Vendors:
NOTE: When changes are made to any of these areas that will affect the method in which Safeway purchases	Catalog Distributor	Yes
merchandise, please advise us by letter, or vendor/broker fact sheets.	Drop Shipment	Yes
	Product Line	Yes

## VENDOR (Please Print)

Company Name	1 Cash terms % days, Net													
Address	2 Swell allowance %													
City/State: Zip	3 Trade discount % per case or other													
Telephone:	4 Quantity discount 🗌 Yes 🗌 No If yes, provide quantity breakpoints													
Fax Number	5 Minimum order quantity Maximum order quantity													
Customer Service / Toll Free: (800)	Order in units of ( X one) 🛛 Cases 🔲 Lbs. 🔲 \$ 🔲 Cube ft. 🗌 Pallets Other													
Contact Name	6 Shipped via (X) If Buyer's truck complete #7 and #8													
Title	□ Truck □ Rail □ Buyer's truck													
	7 Freight allowance \$ per minimum quantity													
	8 Pick up address													
BROKER (Please Print)														
	9 Price protection terms?  Ves  No													
Company Name	Store stocks Warehouse Invoice													
Address	10 Shipping terms (X) one													
City/State: Zip:	A. 🔲 FOB Origin-Freight Collect-Origin-Collect													
Telephone:	B. 🔲 FOB Origin-Freight Prepaid-Origin Prepaid													
Fax Number:	C. 🔲 FOB Origin-Prepaid-Charge Back Origin-Prepaid Chg													
Customer Service / Toll Free: (800)	D. Destination-Freight Collect-Destination-Collect													
Contact Name:	E. 🔲 FOB Destination-Freight Prepaid-Destination-Prepaid													
Title:	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)													
Invoiced by: 🗆 Vendor 🛛 🗆 Broker	14 Pallet/Slip sheet information (X) Box that applies													
	A.  Merchandise is shipped on slip sheets													
* Vendor/Item cannot be set up without these two forms on file with Safeway.	B. Derchandise is shipped on 4 way GMA hardwood pallets													
	C. 🔲 Pallet exchange is available													
CCG Continuing Commodity Guarantee	D.  Merchandise is floorloaded													
POI Proof of Insurance	15 Is Vendor EDI, DEX, or NEX capable? EDI DEX NEX NA													
	If so, please provide:													
** Information Resources Inc	EDI/DEX contact name													
Attn: National Product Library	EDI/DEX contact phone													
150 North Clinton Street														
Chicago, IL 60661-1416														
Phone (312) 474-2500 Fax (312) 474-2991														