

**Suppliers (providing product for resale):** Please complete **ALL** applicable fields

New Supplier

Supplier Update

A/P Supplier#: \_\_\_\_\_

|  |                                   |           |  |
|--|-----------------------------------|-----------|--|
| Supplier Name:                                   |                                   | Tax ID #: |  |
| Corporate Address:                               |                                   |           |  |
| Customer Service Contact:                        |                                   | Phone:    | Email:   |
| Liability Insurance Contact:                     |                                   | Phone:    | Email:   |
| Make Check Payable To: (If different than above) |                                   |           |  |
| Pay To Address:                                  |                                   |           |  |
| A/R Contact:                                     |                                   | Phone:    | Email:   |
| Shipping Point Address:                          |                                   |           |  |
| Contact:   |                                   | Phone:    | Email:   |
| Sales Rep/Broker:                                |                                   | Company:  |  |
| Address:   |                                   |           |  |
| Contact:   |                                   | Phone:    | Email:   |
| Deals/Rebate Address:                            |                                   |           |  |
| A/P Contact:                                     |                                   | Phone:    | Email:   |
| Deduct Vendor/Manufacturer:                      |                                   |           |  |
| Address:   |                                   |           |  |
| Contact:   |                                   | Phone:    | Email:   |
| Reclamation Center Billing Address:              |                                   |           |  |
| Contact:   |                                   | Phone:    | Email:   |
| Payment Terms:<br>Net _____ days                 | EDI (Electronic Data Interchange) |           | <input type="checkbox"/> Yes (send request to <a href="mailto:AP@SaveMart.com">AP@SaveMart.com</a> ) <input type="checkbox"/> No |
|  | ACH (Automatic Clearing House )   |           | <input type="checkbox"/> Yes (send request to <a href="mailto:AP@SaveMart.com">AP@SaveMart.com</a> ) <input type="checkbox"/> No |

### Delivery Information

|   |                              |   |   |   |
|---|------------------------------|---|---|---|
| Roseville <input type="checkbox"/>  | SSI <input type="checkbox"/> | Yosemite Wholesale <input type="checkbox"/> | Supermarket Associates <input type="checkbox"/> | DSD? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Origin |                              | Preferred Delivery Day(s):                  | DUNS Number:<br>(Required for DSD)              |   |
| Bracket Pricing:  |                              | Bracket Qty: 1)                             | 2)  | 3)  |
|   |                              | 4)  | 5)  |   |
| <input type="checkbox"/> Swell _____%                                     |                              | <input type="checkbox"/> Private Label      | <input type="checkbox"/> Scan Based Trading     |   |

|                                     |                                |
|-------------------------------------|--------------------------------|
| <b>Senior Category Manager:</b>     | <b>Product Dept./Category:</b> |
| <b>Supplier / Vendor Signature:</b> | <b>Date:</b>                   |