

A/P

initial

date

INSTRUCTIONS:

1 copy - vendor file

1 copy - to be returned to
category manager



VENDOR FACT SHEET

New Vendor _____ **Date** _____

Vendor Change _____ **A/P Vendor#** _____

Delete Vendor _____ **Mkt. Vendor #** _____

Vendor Name _____

Address _____

Phone () _____ **Fax** () _____

Broker Name _____

Address _____

Phone () _____ **Fax** () _____

Contact _____ **Email** _____

Item Type _____

New Discount Terms _____

Prior Discount Terms _____

Special Terms _____

Pick-up Available YES ___ NO ___

Pick-up Allowance _____

Pick-up Address _____

Guaranteed Sale YES ___ NO ___

Reclamation Policy (please attach sheet)

Special Comments _____

Category Manager Signature _____ **Date:** _____

V.P. Marketing Signature _____ **Date:** _____

A/P Manager Signature _____ **Date:** _____

The terms, as written above, are approved by the marketing personnel. These will be entered as the current terms by which the invoices will be paid. Notify Accounts Payable immediately if vendor terms or mailing address changes along with an updated fact sheet.

NEW ITEM INFORMATION

To prevent delays in authorization, please complete ALL fields



COMPANY NAME _____	
ADDRESS _____	CITY/STATE/ZIP _____
PHONE NUMBER _____	FAX NUMBER _____
BROKER NAME _____	
ADDRESS _____	CITY/STATE/ZIP _____
PHONE NUMBER _____	FAX NUMBER _____
EMAIL _____	EMAIL ADDRESS _____

ITEM DESCRIPTION _____	VENDOR STOCK # _____
PACK _____ SIZE/QTY _____ WIDTH _____ DEPTH _____	
HEIGHT _____ CASE WEIGHT _____ CASE CUBE _____ PALLET TI/HI _____	
RETAIL SELLING UNIT--PEG HOLE LOCATION FROM:	
TOP _____ LEFT SIDE _____	

LEAD TIME _____

MINIMUM SHIP _____

UPC - Case _____ (14 Digit)

UPC - Inner Pack _____

UPC - Retail Sale _____

COST INFORMATION	ALLOWANCE
REGULAR CASE COST DELIVERED** _____	
REGULAR CASE COST F.O.B. ORIGIN _____	
BRACKET PRICING <input type="checkbox"/> YES** <input type="checkbox"/> NO	<input type="checkbox"/> OI
SUGGESTED RETAIL _____	<input type="checkbox"/> BB
VENDOR PAYMENT TERMS _____	AVAILABLE: _____
**ATTACH CURRENT PRICE LIST	

*If shipper, attach breakdown including UPC Numbers (complete 12 digit)

Description	UPC
_____	_____
_____	_____
_____	_____
_____	_____

CODE DATING-Attach complete information on how to read

TYPE OF CODE	
<input type="checkbox"/> Production	<input type="checkbox"/> Open
<input type="checkbox"/> Expiration	<input type="checkbox"/> Closed
Reclamation form (Attachment) completed	<input type="checkbox"/> YES
PRODUCT LIABILITY INSURANCE?	<input type="checkbox"/> NO
<input type="checkbox"/> YES, please attach copy	
MSDS SHEETS?	<input type="checkbox"/> NO
<input type="checkbox"/> YES, please attach copy	

Attach completed W9 form attached

Signature _____

Date _____

** In order for SAS to proceed, SAS needs to receive, either by mail or fax, these completed forms with a signature.



Customer Pick Up Information

Vendor Name	Completed By	Date
Customer Service Contact	Email	Phone
Traffic Manager	Email	Phone
Supply Chain Manager	Email	Phone

PRIMARY SHIPPING INFORMATION

Warehouse or Distribution Center Address	Phone Number	<input type="checkbox"/> Yes, appointment required
	Shipping Hours	<input type="checkbox"/> Yes, pallet exchange required
		<input type="checkbox"/> Yes, we ship on CHEP
Warehouse Contact Person	Email Address	<input type="checkbox"/> Yes, multiple shipping locations

FREIGHT INFORMATION

Pick Up Available? Yes No Pick Up Allowance _____ Are there any special temperature considerations for transport?
 FOB (Title Passes) Origin Destination

Freight Terms <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Prepay and Add <input type="checkbox"/> Other, please explain	<i>Does vendor have (please check all that apply):</i> <input type="checkbox"/> Bracket Pricing (include a price list) <input type="checkbox"/> Plant direct pick ups? <input type="checkbox"/> Incentives for pallet and/or tier buying <input type="checkbox"/> Unloading Allowances <input type="checkbox"/> Fuel Surcharge allowances on purchases	<hr/> <p>Would you like to receive periodic updates of our shipping and receiving guides?</p> <p>If so, please provide email addresses for the recipients:</p> <hr/>
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[Click this link to email any questions on this form to Jan Choroszuca](#) If you are printing this form, please fax to (616) 453-7217, once complete.

Product Disposition Options

Chute - Please select 1 option only



CHUTE #1 - Scan and Dispose 20 Cents/Piece

Product will be scanned and disposed or of destroyed. The reduced charge reflects a rebate to the reclamation center for the proceeds of salvage recovery. All frozen and refrigerated dairy items will be billed at this rate if the supplier does not request product review.

CHUTE #2 - Scan and Donate 25 Cents/Piece

Product will be scanned and re-boxed for immediate donation to the Food Bank. Non-usable product will be disposed of.

CHUTE #3 - Scan and Hold for Vendor Review 30 Cents/Piece

Product will be scanned, sorted by manufacturer, and held for review. Review must be within three weeks of the billing date. The vendor is responsible to remove the product from our facility at the time of review.

CHUTE #4 - Scan and Hold for Third Party Review 33 Cents/Pieces

This is the same process as chute #3, except a third party will review the merchandise. Experience shows that third party review requires more of our manager's time and uses more space for checking, hence the higher up-charge.

CHUTE #5 - Scan and Hold for Vendor Review, then Dump 38 Cents/Piece

This is the same process as chute #3, except that the product would go into the compactor and then to a landfill. This is very expensive and getting worse every day. Also, it is not environmentally friendly. We discourage the choice of chute #5.

Chute #6 - Scan and Ship back to Manufacturer 40 Cents/Piece

Product will be scanned, sorted by manufacturer, and shipped back to the vendor freight collect.

The chute option can be changed on written request. Based on the timing of a request, it may take up to 30 days to implement. **It is the vendors responsibility to make arrangements for freight returns in a timely manner.**

Mark an "X" in the box next to your choice of chute.

***By your Signature "It is further agreed that any and all disputes will be commenced in a court of proper subject matter jurisdiction in Kent County, Michigan where the purchaser resides"

Company _____

Authorized Signature _____ Date _____

Return completed form to:
S. Abraham & Sons, Incorporated
Attention: Shelia Darga
PO Box 1768
Grand Rapids, MI 49501-1768

*** S. Abraham and Sons cannot proceed with setting up a new item until this form is completed and returned to the above address.

FOR INTERNAL USE ONLY

CM Signature _____ Date _____

Mktg V# _____ A/PV# _____

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number : : :
OR
Employer identification number : : :

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,