

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 _____			

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 _____			
*If shipper, attach breakdown including UPC Numbers (complete 12 digit)			
Description	UPC		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		Signature _____ Date _____	

COST INFORMATION	
REGULAR CASE COST DELIVERED**	_____
REGULAR CASE COST F.O.B. ORIGIN	_____
BRACKET PRICING	YES** NO
SUGGESTED RETAIL	_____
VENDOR PAYMENT TERMS	_____
**ATTACH CURRENT PRICE LIST	

CODE DATING-Attach complete information on how to read	
TYPE OF CODE	
Production	Open
Expiration	Closed
Reclamation form (Attachment) completed	YES
PRODUCT LIABILITY INSURANCE?	
YES, please attach copy	NO

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