



New Vendor Instructions

Welcome new SAS supplier,

Below is a guide to the paperwork and information SAS needs in order to set up a new vendor and new items. While the paperwork may seem extensive, it does provide SAS with all the necessary information to do business with your company. Due to both internal and external regulations, SAS requires all paperwork to be completed before setting up any new vendors or items. If you have any questions on the paperwork, please contact our category managers.

We look forward to working with you.

Thank you,

S. Abraham & Sons, Inc.

New Vendor Checklist

Vendor Fact Sheet	This form needs to be completed if vendor is new or has made a change. Terms must be filled out.
W9 Form	W9 must be signed.
Reclamation Form	Reclamation form must be signed. A computer generated signature will not be accepted.
Logistics Form	Must be completed, regardless if pick-up is available.
EDI Information (Optional)	

New Item Checklist

Vendor Information	The vendor fact sheet above needs to be submitted if vendor is new. Existing vendors do not need to complete again.
New Item Form	Each item is required to have its own sheet.
Dating Information	Each item must have item code dating sheet completed.

Additional Form

Promotional Worksheet	This is required to run a promotion at SAS.
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VENDOR FACT SHEET

Date	<hr/>		
Manufacturer Name	<hr/>		
Address	<hr/>		
Phone	<hr/>	Email	<hr/>
Broker Name	<hr/>		
Address	<hr/>		
Sales Contact	<hr/>	Email	<hr/>
Customer Service Contact	<hr/>	Email	<hr/>
		Email For Purchase Orders	<hr/>
Sales Rep Phone Number	<hr/>	Email For Billbacks	<hr/>
New Discount Terms**	<hr/>	C/S Phone Number	<hr/>
Prior Discount Terms	<hr/>		
Minimum Order	<hr/>		
Pick-up Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 5px;"> <p>*** Please complete the Logistics tab on the Excel spreadsheet. This is a required document for regulatory compliance and food safety purposes.</p> <p>*** If guaranteed, SAS requires a signed reclamation form. Please see the reclamation instructions and form further in this packet for more information.</p> </div>	
Guaranteed Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Comments	<hr/>		

** 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.

<input type="checkbox"/> New Vendor	*INTERNAL USE ONLY*
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<input type="checkbox"/> Vendor Change	A/P Vendor#	<hr/>
<input type="checkbox"/> Delete Vendor	Mkt. Vendor #	<hr/>
Category Manager Signature	<hr/>	Date: <hr/>
Purchasing Manager Signature	<hr/>	Date: <hr/>
CFO Signature	<hr/>	Date: <hr/>
A/P Initial	<hr/>	Date Filed: <hr/>

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

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.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



SAS Reclamation - Return Goods Program Overview

What is it?

S. Abraham & Sons, Inc. (SAS) uses a third party reclamation center to handle returns from our customers. All returns from customers, as well as discontinued, outdated and recalled product are sent to Inmar Supply Chain Services. Once the product arrives at the reclamation center it is scanned by the retail selling unit. After the product is scanned, a detailed invoice is generated reflecting the total value and quantity of the product returned. At the end of each month the invoices are put online for each vendor or broker to obtain.

How do I obtain my invoices?

Your invoices will be available online for 90 days. Your web access key code will not be available until your first invoice is generated. Upon receiving your first deduction from SAS please call the toll-free number 1-866-248-3163 or email the Invoicelink Support Team at returnsinvoices@inmar.com to obtain your specific web access key. Once you have your company specific code please follow the instructions below to obtain your invoices.

- Go to www.inmar.com
- Click on the white Client Web Tools button at the top of the screen and select Returns Invoices (Invoicelink) under the **Supply Chain Network Web Apps** column.
- If you are a first time visitor: Click "**Register**", complete your personal profile then click "Continue" and accept the License Agreement. If you are a return visitor: Enter your username and password and go to the "My Vendors" tab.
- Enter the Web Access Key(s) which will be provided by the Invoicelink Support Team.
- Once you have successfully registered you will receive email notification.
- **For questions contact Inmar at our toll-free number 1-866-248-3163 or email the InvoiceLink Support Team at returnsinvoices@inmar.com**

Where is my product located?

Product that has been sent to the reclamation center is located at:

Inmar Supply Chain Services
2425 American Way
Fort Wayne, IN 46809

What do I need to do if I want my product back?

If a vendor wants to have their product back they must check the appropriate box on the attached Chute form. Chute options 3 – 6 will allow the vendor to get their product back but if options 1 or 2 are chosen the product will either be destroyed or donated.

If I chose to get my product back who do I need to contact?

In order to make arrangements to get your product back you can contact Bryan Knippen who is the warehouse manager at Inmar Supply Chain Services. Below is his contact information:

Email: bryan.knippen@inmar.com

Phone: 260-478-8400

How do I reimburse SAS for returns?

There are a few different methods for reimbursing SAS for your reclamation invoices. Please indicate your choice on the attached chute form. If nothing is checked the default option will be to deduct.

Deduct (*default*) – The reclamation invoices will be processed by SAS and will be deducted against future purchases 30 days from invoice date. If returns exceed purchases a check will be required for the balance due.

Credit Memo – A credit memo must be issued to SAS within 30 days of the reclamation invoice date.

Check – A check must be sent to SAS for the amount of the reclamation invoice within 30 days of the reclamation invoice date.

Any checks issued to SAS for reimbursement of reclamation should be sent to:

S. Abraham & Sons. Inc.
Attn: Reclamation Dept.
4001 Three Mile Rd. N.W.
P.O. Box 1768
Grand Rapids, MI 49501

If you have any questions please contact the SAS reclamation department:

Angela Wynn (616)453-6358 x6378 or Angela.Wynn@sasinc.com
Margo Flickinger (616) 453-6358 x6368 or Margo.Flickinger@sasinc.com

SAS Reclamation Product Disposition Options

Chute - Please select 1 option only



By signing this document your company agrees to reimburse SAS for the product list cost PLUS scan charge.

CHUTE #1 - Scan and Dispose 20 Cents/Piece

Product will be scanned and disposed of or 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 the landfill. This is very expensive and 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 upon 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.**

Select a payment option to reimburse SAS

(All payment types are due within 30 days of invoice date.)

Deduct

Credit Memo

Check

***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."
Any amounts due SAS after discontinuance of business will be paid by check.

Company _____

Authorized Signature _____ Date _____

Printed Name _____

Return completed form to: S. Abraham & Sons, Inc.
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

SCM Signature _____ Date _____

Mktg V# _____ A/PV# _____



Logistics Profile

COMPLETE ALL FIELDS

Questions:

Supplychain@imperialtrading.com

Vendor Name	Completed By	Email	Date

Primary Shipping Information			
Warehouse or Distribution Center Address		Shipping Hours :	
		Appointment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Do we need a pick up number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Web based scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact	Name	Email	Phone
Warehouse			
Appointment Scheduling			
Customer Service			
Supply Chain Manager			

REQUIRED FREIGHT INFORMATION

Please include an applicable delivered and FOB/Pickup Price list

Temperature Required	Pick Up Available?	FOB: (Title passes to Imperial)	Freight Terms
<input type="checkbox"/> Ambient 50 to 75 degrees <input type="checkbox"/> Cooler 32 to 45 degrees <input type="checkbox"/> Frozen - lower than 32 degrees <input type="checkbox"/> Other - explain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Origin (at shippers dock) <input type="checkbox"/> Destination (at Imperial dock)	<input type="radio"/> Off Invoice Allowance <input type="radio"/> Freight Collect <input type="radio"/> Freight Prepaid (delivered pricing) <input type="radio"/> Freight prepaid and add to invoice
	Pick Up Allowance Amount and Basis (Case, weight, etc.)		
Lead Time:			

Would you like to receive periodic updates of our shipping and receiving guides? If so, please provide the email addresses for the recipients?

Routing Guide Email: _____

CPU PROFILE - Completed by Imperial Supply Chain			
V#	CPU <input type="checkbox"/> Yes <input type="checkbox"/> No	IBF Set Up Completed	
	Fleet	Sent to Procurement	



EDI VENDOR INFORMATION

4001 Three Mile Rd NW
Walker, MI 49504
Phone: (616) 453-6358
Fax: (616) 453-7478

TRADING PARTNER INFORMATION

Date: _____

SAS Vendor Number: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

EDI Contact Name: _____

Title: _____ Phone: _____

Email: _____ Fax: _____

Alternate Contact: _____ Phone: _____

Email: _____ Fax: _____

TRANSACTIONS

Please indicate the transactions requested:

Invoices - EDI 810

Purchase Order - EDI 850

Other: _____

TRADING PARTNER ID

Please identify your trading partner number: _____



NEW ITEM INFORMATION

**** all highlighted fields must be completed**

Please include item PSA file or package, front facing image, spec sheet with item dimensions and price list.

Date											
Manufacturer						Broker					
Item Description						Vendor Stock Number					
Case Information	Units per Case		Boxes per Case		Units per Box		Pallet Information	Cases per Layer		Layers per Pallet	
	Retail Unit Size		Case Cube		Case Weight			Retail Unit of Issue Dimensions (inches):	Height		Width
Item UPC Codes	Retail Unit					(12 Digit)		Depth			
	Inner Pack					(12 Digit)		Date Item is available			
	Case					(14 Digit)		Item Minimum Ship			

Item Cost	Uniform Pricing	Delivered		Bracketed Pricing	Bracket		Price		Bracket		Price	
		FOB Origin			Bracket		Price		Bracket		Price	
		Suggested Retail			Bracket		Price		Bracket		Price	
Everyday Allowance if applicabale			Billing Method			Reason for Allowance						

Shipper Information

Retail Quantity

Description

Retail UPC Code (12 Digit)

Please include item PSA file or package, front facing image, spec sheet with item dimensions and price list.



Item Code Dating

Date _____

Manufacturer _____

Broker _____

Item Description _____

Vendor Stock Number _____

Item Temperature	Storage at Production	Ambient	Refrigerated	Frozen	Manufacturer Holding Temperature	_____
	Storage at Wholesale	Ambient	Refrigerated	Frozen	Receiving Temperature	_____
					SAS Holding Temperature	_____

Shelf Life	At Production	Days	_____	Months	_____	Thawed	Days	_____	Months	_____
	Once Opened (Fdsvc/Groc)	Days	_____	Months	_____	Guarantee at SAS Receiving	Days	_____	Months	_____

Coding Type Production Expiration Other *If Other, please explain below*

Coding Location (s) Each Inner Exterior Case

How is Coding read *Example: 18123: 18=year of production, 123=julian day*

To Our Vendors:



Effective January 1, 2021 all vendors are required to have scannable universal product code ("UPC") labels affixed to all products.

- The UPC must be clearly visible on each product. The scannable label must be affixed to each unit of product sold by the vendor.
- SAS accepts UPC version A, EAN 13, or Interleaved Two of Five ("ITF 14") bar codes.
- All bar codes must have human readable characters that include a number system and check digit.
- All cartons shipped on a pallet must have the bar code outward facing. SAS receiving personnel must be able to scan the case barcode without breakdown of the cartons on the pallet.
- Each master carton must contain an ITF 14 scannable label.



Applicable Fines

Per case/non-scannable bar code violation: \$10 per case with a minimum charge is \$500 per occurrence up to three violations.

Fourth and subsequent violations will be subject to a \$25 per case fine.

Breakdown of pallets to scan labels: \$1.25 per case with a minimum charge of \$75 per pallet.

SAS reserves the right to refuse any product arriving without compliant bar coding.