2 RETAIL SAMPLE IS REQUIRED WITH ALL NEW ITEMS

Attach promotional presentation sheet if needed

Displays use Display set up form

Associated Foods Stores Inc.

NEW ITEM FORM

Manufacturer: _____

Broker: _____

Address: _____ State: _____

Phone: _____ Fax: _____ Zip Code: _____

Remit To: _____ E-Mail: _____

Authorized Signature: _____

Date: _____ Category Manager: _____ Buyer: _____

AFS Item #	Description	Net Content	Net Content Unit of Measure	Package Type	UPC/GTIN (Must be Unique at each packaging level)	Pack Count	Master Pack	Height	Width	Depth	Weight	CAW Manuf field	Manuf Item #	Pallet Tie	Pallet Tier	Warehouse	FOB Cost	Rbt/Ppd Cost	Freight Cost	Sell	Weekly Sales Forcast	Order Guide Seq	AFS Category Hierarchy	MOQ	Buyer Link / Retail Link / AD Link
				Case			8									Salt Lake									
				IP												Helena									
				Unit												Billings									
Brand - ID		Flavor - ID				Form - ID		Print Tier - ID								Package - ID					Type - ID				
				Case			8									Salt Lake									
				IP												Helena									
				Unit												Billings									
Brand - ID		Flavor - ID				Form - ID		Print Tier - ID								Package - ID					Type - ID				
				Case			6									Salt Lake									
				IP												Helena									
				Unit												Billings									
Brand - ID		Flavor - ID				Form - ID		Print Tier - ID								Package - ID					Type - ID				
				Case			6									Salt Lake									
				IP												Helena									
				Unit												Billings									
Brand - ID		Flavor - ID				Form - ID		Print Tier - ID								Package - ID					Type - ID				

Ship/FOB Point: _____

Min FOB P/U: _____

Min Prepaid Ship: _____

Freight Allow: _____

Free Distribution: Y/N _____ #of cases _____

Placement Allowance: _____

1st Order: _____ Last Order: _____

1st Ship: _____ Last Ship: _____

Guaranteed Shelf Life (in days) _____

Division	Report Day	Buyer/Vendor #	Whse Code	Dept Cat	Ad Supply	Place Allow	Claim #
FW							
Helena							
Billings							

Category Manager Comments:

CM REQ FIELD Discontinued Items

Item Number	FW	Helena	Billings	Date	DC Code	Disp Code

New Product Presentation Fact Sheet Example

SUPPLIER
NAME
ADDRESS
POSTAL CODE

INVOICED BY

REPRESENTATIVE	
COMPANY	
NAME	
ADDRESS	
POSTAL CODE	
PHONE NO. RESIDENCE	BUSINESS

NEW PRODUCTS PRESENTATION FACT SHEET
FEDERATED CO-OPERATIVES LIMITED
ATTN: HOME OFFICE FOOD DEPT.
401 - 22ND STREET EAST
P.O. BOX 1050
SASKATOON, SASKATCHEWAN S7K 3M9
PHONE: (306) 244-3311 FAX: (306) 244-3403

INSTRUCTIONS:
1. COMPLETE THIS FORM IN FULL. PLEASE PRINT OR TYPE.
2. ATTACH CURRENT PRICE LIST - SELLING POLICY AND SHIPPING SCHEDULE.
3. ATTACH ALL ADDITIONAL ADVERTISING INFORMATION.
4. PLEASE ENCLOSE SAMPLES OF NEW ITEMS.

DATE PRESENTED _____

INDICATE BELOW THE NAME, ADDRESS AND POSTAL CODE OF WHERE CORRESPONDENCE SHOULD BE DIRECTED	FAX NO./	NAME OF CARRIER	NAME OF WAREHOUSE AND SHIPPING POINT OF GOODS	LEAD TIME
CALG.				
EDM.				
S'TOON				
V...G.				

Sample

CASH TERMS	F.O.B. POINT	MIN. SHIPMEN...	SPEC. TE...G OR EXTENDED D...G	TRU... OR CARL... ALLOW.	WHS... ALLOW	L...AKS A... SWELLS	MISC. DISCOUNTS

ALL NEW LISTING MUST BE ACKNOWLEDGED AS GUARANTEED SALE, FOR LISTING. ☐ AGREE ☐ DISAGREE	ALL NEW LISTINGS MUST BE RETURNABLE IF SALES DON'T WARRANT A LISTING AFTER A FAIR TEST PERIOD. ☐ AGREE ☐ DISAGREE	DO YOU HAVE DIFFERENT QUANTITY PRICES? ☐ YES ☐ NO (IF SO ATTACH WITH QUALIFICATIONS.)
IF FREIGHT PREPAID, WILL YOU SHIP VIA OUR TRUCKS? ☐ YES ☐ NO	WILL YOU ALLOW US A FREIGHT ALLOWANCE? (IF YES, INDICATE $/CWT, BY BRANCH IN APPROPRIATE SPACE ON BACK PAGE). ☐ YES ☐ NO	WOULD YOU PARTICIPATE IN THE CHEP PALLET EXCHANGE PROGRAM? ☐ YES ☐ NO
WOULD YOU PARTICIPATE IN CONSOLIDATED POOL CARS FROM EASTERN CANADA (I.E.: CLARK-RAILFAST)? ☐ YES ☐ NO	DO YOU RECOGNIZE UNITED GROCERS INCORPORATED FOR VOLUME DISCOUNT PURPOSES? ☐ YES ☐ NO	
ACCUMULATED VOLUME ALLOWANCE RATE _____ (ATTACH DETAILS IF NECESSARY.)	WHEN PAYABLE AND TO WHOM	

WHAT CHAINS OR GROUPS ARE NOW STOCKING THESE PRODUCTS? _____

WHAT IS YOUR PRICE PROTECTION POLICY? _____

HOW CAN WE QUALIFY FOR PERIODIC PROOF OF PERFORMANCE ALLOWANCE? _____

ATTACH OR OUTLINE THE PROMOTIONAL SUPPORT THAT WILL TAKE PLACE. INCLUDE START AND STOP DATES OF THIS PROMOTIONAL SUPPORT (T.V., RADIO, NEWSPAPER, COUPONS, ETC.)

_____

_____

_____

WHAT IS YOUR NEW STORE OPENING POLICY? _____

_____

ACCUMULATIVE ADVERTISING ALLOWANCE RATE _____ (ATTACH DETAILS IF NECESSARY)

WHEN PAYABLE AND TO WHOM _____

WE AGREE TO PAY ALL ADVERTISING FUNDS TO THE WHOLESALE _____
SIGNATURE

WHAT IS YOUR SPOILS POLICY? RETAIL _____

WHOLESALE _____

COMPLETE THE REVERSE SIDE ON PRODUCT DESCRIPTION

FORM 744 (Rev. '97)

FORM 744 (Rev.'97)

FCL STOCK NO.	BRAND NAME AND ITEM DESCRIPTION	MASTER CASE COUNT	CASE PACK	ITEM MEASURE	CASE WEIGHT (POUNDS)	SHIPPING CASE DIMENSIONS (INCHES) LENGTH	WIDTH	HEIGHT	SHELF LIFE DATE

SECTION	GROUP	SEQUENCE

GROUP	FAMILY	SEQUENCE

UPC VENDOR CODE	UPC PRODUCT CODE	O. SUPPRESSED UPC	CASE CODE	UPC MULTI-PK-NO.	PALLET TIE	PALLET HIGH	GST APPLICABLE	RETAIL UNIT DIMENSIONS AS MERCHANDISED (IMP.) DEPTH	WIDTH	HEIGHT
							☐ YES (A) ☐ NO (Z)			

REGION	REGULAR COST	ALLOWANCE OFF INV.	DATE ALLOW. IN EFFECT START	DATE ALLOW. IN EFFECT END	ALLOWANCE BY CHEQUE	DATE ALLOW. IN EFFECT START	DATE ALLOW. IN EFFECT END	OTHER ALLOWANCE	DATE ALLOW. IN EFFECT START	DATE ALLOW. IN EFFECT END	NET COST AFTER ALLOW.	S.R.P. OR PRE-PRICE	FREIGHT ALLOWANCES	PST Y, N	DROP SHIP COST	DIRECT COST	MGN.	FCL VENDOR NUMBER	UNIT DIM SAMPLE	BUYER SIGNATURE
CALGARY																			H W D	
EDMONTON																				
SASKATOON																				
WINNIPEG																				

STORAGE REQUIREMENTS (CHECK ✔) ☐ DRY ☐ REFRIGERATED ☐ FREEZER: IS TEMPERATURE CONTROL REQUIRED DURING WINTER/SUMMER TRANSPORTATION? ☐ YES ☐ NO

THE FOLLOWING IS REQUIRED WITH EACH PRESENTATION:

MATERIAL SAFETY DATA SHEET (If Applicable)	SCAN DATA VALIDATION SHEET	LIVE SCANNABLE SAMPLES	LISTING ALLOWANCE	TYPE OF CONTAINER (For Ecology Purpose)	PRODUCT AVAILABILITY DATE
				☐ TETRA ☐ GLASS ☐ HDPE PLASTIC ☐ GABLE TOP ☐ PET PLASTIC ☐ ALUMINUM ☐ PVC PLASTIC	

RETAIL UNIT DESCRIPTION (CHECK ✔): ☐ BOX ☐ CAN ☐ JAR ☐ BOTTLE ☐ ENVELOPE ☐ OTHER

Sample

FCL STOCK NO.	BRAND NAME AND ITEM DESCRIPTION	MASTER CASE COUNT	CASE PACK	ITEM MEASURE	CASE WEIGHT (POUNDS)	SHIPPING CASE DIMENSIONS (INCHES) LENGTH	WIDTH	HEIGHT	SHELF LIFE DATE

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							☐ YES (A) ☐ NO (Z)			

REGION	REGULAR COST	ALLOWANCE OFF INV.	DATE ALLOW. IN EFFECT START	DATE ALLOW. IN EFFECT END	ALLOWANCE BY CHEQUE	DATE ALLOW. IN EFFECT START	DATE ALLOW. IN EFFECT END	OTHER ALLOWANCE	DATE ALLOW. IN EFFECT START	DATE ALLOW. IN EFFECT END	NET COST AFTER ALLOW.	S.R.P. OR PRE-PRICE	FREIGHT ALLOWANCES	PST Y, N	DROP SHIP COST	DIRECT COST	MGN.	FCL VENDOR NUMBER	UNIT DIM SAMPLE	BUYER SIGNATURE
CALGARY																			H D W	
EDMONTON																				
SASKATOON																				
WINNIPEG																				

STORAGE REQUIREMENTS (CHECK ✔) ☐ DRY ☐ REFRIGERATED ☐ FREEZER: IS TEMPERATURE CONTROL REQUIRED DURING WINTER/SUMMER TRANSPORTATION? ☐ YES ☐ NO

THE FOLLOWING IS REQUIRED WITH EACH PRESENTATION:

MATERIAL SAFETY DATA SHEET (If Applicable)	SCAN DATA VALIDATION SHEET	LIVE SCANNABLE SAMPLES	LISTING ALLOWANCE	TYPE OF CONTAINER (For Ecology Purpose)	PRODUCT AVAILABILITY DATE
			$	☐ TETRA ☐ GLASS ☐ HDPE PLASTIC ☐ GABLE TOP ☐ PET PLASTIC ☐ ALUMINUM ☐ PVC PLASTIC	

RETAIL UNIT DESCRIPTION (CHECK ✔): ☐ BOX ☐ CAN ☐ JAR ☐ BOTTLE ☐ ENVELOPE ☐ OTHER

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

Direct Delivery Vendors:

Catalog Distributor	Yes	No
Drop Shipment	Yes	No
Product Line	Yes	No

NOTE: When changes are made to any of these areas that will affect the method in which Safeway purchases merchandise, please advise us by letter, or vendor/broker fact sheets.

VENDOR (Please Print)

Company Name
Address
City/State: Zip
Telephone:
Fax Number
Customer Service / Toll Free: (800)
Contact Name
Title

BROKER (Please Print)

Company Name
Address
City/State: Zip:
Telephone:
Fax Number:
Customer Service / Toll Free: (800)
Contact Name:
Title:

Invoiced by: ☐ **Vendor** ☐ **Broker**

* Vendor/Item cannot be set up without these two forms on file with Safeway.

CCG Continuing Commodity Guarantee
POI Proof of Insurance

** Information Resources Inc
Attn: National Product Library
150 North Clinton Street
Chicago, IL 60661-1416
Phone (312) 474-2500 Fax (312) 474-2991

1 Cash terms % days, Net _____
2 Swell allowance %
3 Trade discount % per case or other
4 Quantity discount ☐ Yes ☐ No If yes, provide quantity breakpoints
5 Minimum order quantity Maximum order quantity
Order in units of (X one) ☐ Cases ☐ Lbs. ☐ $ ☐ Cube ft. ☐ Pallets Other
6 Shipped via (X) If Buyer's truck complete #7 and #8
☐ Truck ☐ Rail ☐ Buyer's truck
7 Freight allowance $ per minimum quantity
8 Pick up address

9 Price protection terms? ☐ Yes ☐ No
☐ Store stocks ☐ Warehouse ☐ Invoice
10 Shipping terms (X) one
A. ☐ FOB Origin-Freight Collect-Origin-Collect
B. ☐ FOB Origin-Freight Prepaid-Origin Prepaid
C. ☐ FOB Origin-Prepaid-Charge Back Origin-Prepaid Chg
D. ☐ FOB Destination-Freight Collect-Destination-Collect
E. ☐ FOB Destination-Freight Prepaid-Destination-Prepaid
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)
14 Pallet/Slip sheet information (X) Box that applies
A. ☐ Merchandise is shipped on slip sheets
B. ☐ Merchandise is shipped on 4 way GMA hardwood pallets
C. ☐ Pallet exchange is available
D. ☐ Merchandise is floorloaded
15 Is Vendor EDI, DEX, or NEX capable? EDI ☐ DEX ☐ NEX ☐ N/A ☐
If so, please provide:
EDI/DEX contact name
EDI/DEX contact phone