

1 RETAIL SAMPLE IS REQUIRED WITH ALL NEW ITEMS

Attach promotional presentation sheet if needed

Display use Display set up form



**Associated Foods Stores Inc.**  
**NEW ITEM FORM**

Manufacturer: \_\_\_\_\_  
 Broker: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Route 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 Item #	Pallet Tin Tier	Warehouse	FOB Cost	Est Typd Cost	Freight Cost	Sell	Weekly Sales Forecast	Order Guide Seq	AFS Category Hierarchy	MOQ	Buyer Link Retail Link AD Link
				Case			6								Salt Lake									
				IP											Helena									
				Unit											Billings									
Brand - ID			Pinner - ID			Form - ID									Package - ID						Type - ID			
				Case			6								Salt Lake									
				IP											Helena									
				Unit											Billings									
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				Unit											Billings									

Ship/FOB Point:	Division	Report Day	Buyer/Vendor #	Warehouse	Dept Cat	A4 Supply	Place Allow	Class #	CM REQ FIELD Dispositioned Item						
Min FOB Pk:	FW								Item Number	FW	Helena	Billings	Date	DC Code	Disp Code
Min Prepaid Ship:	Helena														
Freight Allow:	Billings														
Free Distribution:	YN	Ref Cases	Category Manager Comments:												
Placement Allowance:															
Est Order:		Last Order:													
Est Ship:		Last Ship:													
Guaranteed Shelf Life (in days)															

# New Product Presentation Fact Sheet Example

SUPPLIER	
NAME	
ADDRESS	
	POSTAL CODE

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 \_\_\_\_\_

INVOICED BY
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REPRESENTATIVE	
COMPANY	
NAME	
ADDRESS	
	POSTAL CODE
PHONE NO. RESIDENCE	BUSINESS

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.					
STOON					
VUL.					

Sample

CASH TERMS	F.O.B. POINT	MIN. SHIPMEN	SPEC. TERMS	OR TENDED	TRUCK OR CARLOAD ALLOW	WHOLESALE ALLOW	LINKS AND SWELLS	MISC. DISCOUNTS

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

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 \_\_\_\_\_

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? \_\_\_\_\_

COMPLETE THE REVERSE SIDE ON PRODUCT DESCRIPTION

P/L BOOK NO.	BRAND NAME AND ITEM DESCRIPTION											MASTER CASE COUNT	CASE PACK	ITEM MEASURE	CASE WEIGHT (POUNDS)	SHIPPING CASE DIMENSIONS (INCHES)			SHELF LIFE DATE	
	SECTION	GROUP	SEQUENCE	UPC VENDOR CODE	UPC PRODUCT CODE	O. SUPPRESSED UPC	CASE CODE	UPC MULTI-PK. NO.	PALLET	OST APPLICABLE	DEPTH					WIDTH	HEIGHT			
GROUP	FAMILY	SEQUENCE	UPC VENDOR CODE	UPC PRODUCT CODE	O. SUPPRESSED UPC	CASE CODE	UPC MULTI-PK. NO.	TE	HIGH	<input type="checkbox"/> YES (A) <input type="checkbox"/> NO (Z)	DEPTH	WIDTH	HEIGHT							
REGION	REGULAR COST	ALLOWANCE OFF INV.	DATE ALLOW. IN EFFECT START	DATE ALLOW. IN EFFECT END	ALLOWANCE BY CHECK	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.P. OR PRE-PRICE	FREIGHT ALLOWANCES	PST Y, N	DROP SHIP COST	DIRECT COST	MGN	FCL VENDOR NUMBER	UNIT DIM. SAMPLE	BUYER SIGNATURE
CALGARY																				
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
				<input type="checkbox"/> TETRA <input type="checkbox"/> GLASS <input type="checkbox"/> HDPE PLASTIC <input type="checkbox"/> GABLE TOP <input type="checkbox"/> PET PLASTIC <input type="checkbox"/> ALUMINUM <input type="checkbox"/> PVC PLASTIC	

RETAIL UNIT DESCRIPTION (CHECK ):  BOX  CAN  JAR  BOTTLE  ENVELOPE  OTHER \_\_\_\_\_

Sample

P/L BOOK NO.	BRAND NAME AND ITEM DESCRIPTION											MASTER CASE COUNT	CASE PACK	ITEM MEASURE	CASE WEIGHT (POUNDS)	SHIPPING CASE DIMENSIONS (INCHES)			SHELF LIFE DATE		
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REGION	REGULAR COST	ALLOWANCE OFF INV.	DATE ALLOW. IN EFFECT START	DATE ALLOW. IN EFFECT END	ALLOWANCE BY CHECK	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.P. OR PRE-PRICE	FREIGHT ALLOWANCES	PST Y, N	DROP SHIP COST	DIRECT COST	MGN	FCL VENDOR NUMBER	UNIT DIM. SAMPLE	BUYER SIGNATURE	
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 THE FOLLOWING IS REQUIRED WITH EACH PRESENTATION:

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			\$ _____	<input type="checkbox"/> TETRA <input type="checkbox"/> GLASS <input type="checkbox"/> HDPE PLASTIC <input type="checkbox"/> GABLE TOP <input type="checkbox"/> PET PLASTIC <input type="checkbox"/> ALUMINUM <input type="checkbox"/> 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**

**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.

**Direct Delivery Vendors:**

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

**VENDOR** (Please Print)

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

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 \_\_\_\_\_

**BROKER** (Please Print)

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

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 \_\_\_\_\_

**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