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Ship/FOB Point:				Division.	Report Day	Bayer	Cendor #	What	Code	Dep	(Car	Ads	-tata	Place Allow	Ci	in 8	1000		CM REQ	FIELD Doe	untimed b	lean .	3019	
Mia FOR PAL		Topic II		rw				305				31633		0.00			Ben	Number	IW	Helena	Billings	Date	Code	Disp Code
Min Prepaid Ship.				Helena		2500		2501	Mile.			1,6413		173.39	NE COLOR		17790		1000		(6/20)	BRAG	E 133	B BASS
Freight Allow:				Billings		4,000	Block.	1300	000	M. Sail	000	MARK	93765	10,00	(CA. 19.5)	1950000	197303	\$34E	13000	3033	120	16.250	D 1703	1000
Free Distribution:	VN	fol cases		Category ?	Category Manager Comments:											100000		163506	028.3	1000	0.1000	100	0656	
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Int Order: fot Ships	Last Cleds Last Sh			0.580													55500	80 - 10	PORTES	(15/E)	1950	12.29	100	916519
Guarantood Shelf Life (in dury)	N. St. State of Street, St.	-		20.37													OCE IN	BEALES.	10000	100/3-	1000	1000	19 115	10000

New Product Presentation Fact Sheet Example

SUPPLIER NAME					NEW PRODUCTS PRESENTATION FACT SHEET INSTRUCTIONS: FEDERATED CO-OPERATIVES LIMITED 1. COMPLETE THIS FORM IN FULL. PLEASE PRINT OR TYPE. ATTN: HOME OFFICE FOOD DEPT. 2. ATTACH CURRENT PRICE LIST - SELLING POLICY AND SHIPPING 401 - 22ND STREET EAST 3. ATTACH ALL ADDITIONAL ADVERTISING INFORMATION.										
ADDRESS				POSTAL CODE	P.O. BOX 10 SASKATOO				E ENCLOSE SAME						
				POSTAL CODE		INDICATE BELOW TO	E NAME, ADDRESS AND PO	STAL CODE		NAME OF	NAME OF WAREHOUSE	LEAD			
							ESPONDENCE SHOULD BE D		FAX NO./	CARRIER	AND SHIPPING POINT OF GOODS	TIME			
INVOICED BY											0.0000				
					CALG.										
	DEDE	RESENTAT	WE												
COMPANY	HEFF	LOCATA	145												
					EDM.										
NAME												-			
ADDRESS									_						
PHD DI ILLOO					STOON			4	-						
				POP DE COL											
PHONE NO. RESIDENC	Æ	BUS	INESS		v a										
CASH TERMS	F.O.B. F	POINT	MIN. SHIF	PMEN SPECITE 30	OF TENDEDO	IS THU DRICAPLE ALLON	WHE ALLOW	L NKS A D SWELLS	MISC. DISCOUNTS]					
ALL NEW LISTING MUST I	BE ACKNOWL-	ALL NEW	ISTINGS MUST	BE RETURNABLE IF	DO VOLLHAVA	DIFFERENT QUANTITY	ATTACH ON OUTLINE TH	IE PROMOTIONAL SUPPO	RT THAT WILL TAKE P	LACE, INCLUD	E START AND STOP DAT	ES OF			
EDGED AS GUARANTEED LISTING.			INT WARRANT A	LISTING AFTER A	PRICES?	_	THIS PROMOTIONAL SUR	PPORT (T.V., RADIO, NEW	SPAPER, COUPONS, E	TC.)					
AGREE	DISAGREE		AGREE	DIBAGREE		H WITH QUALIFICATIONS.)									
IF FREIGHT PREPAID, WILL SHIP VIA OUR TRUCKS?	FREIGHT PREPAID, WILL YOU HIP VIA OUR TRUCKS? WILL YOU ALLOW US A FREIGHT ALLOWANCE? (IF YES, INDICATE S/CWT, BY BRANCH IN APPROPRIATE SPACE ON BACK PAGE).					PARTICIPATE IN THE CHEP MANGE PROGRAM?									
□ves	NO	Arrinor	YES	□ NO	□ vi	ES NO	WHAT IS YOUR NEW STO	ORE OPENING POLICY?							
WOULD YOU PARTICIPAT		ATED BOO		DO YOU RECOGNIZE U			WINT IS TOUR NEW STO	one or elving rodo i r							
FROM EASTERN CANADA	(I.E.: CLARK-R	AILFAST)?	COMPO	FOR VOLUME DISCOU	INT PURPOSES?	_									
ACCUMULATED VOLUME		NO MAG	EN PAYABLE AN		YES	NO	ACCUMULATIVE ADVERT	TISING ALLOWANCE RATE		(AT	TACH DETAILS IF NECES	SSARY)			
BATE		1	EN PATABLE AN	D TO WHOM			WHEN PAYABLE AND TO	WHOM							
(ATTACH DETAILS IF NEC	ESSARY.)						WE AGREE TO PAY ALL	ADVERTISING FUNDS TO	THE WHOLESALE		SIGNATURE				
WHAT CHAINS OR GROUP	S ARE NOW ST	OCKING TH	ESE PRODUCTS	?							STATE OF THE STATE				
WHAT IS YOUR PRICE PRO	TECTION POL	ICY?					WHAT IS YOUR SPOILS F	POLICY? RETAIL							
HOW CAN WE QUALIFY FO	R PERIODIC PI	ROOF OF PE	ERFORMANCE A	LLOWANCE?				WHOLESALE							
							COMP	PLETE THE REVERSE SIDE ON PRO	DOUCT DESCRIPTION		FORM 744 (R	lev. '97)			

FORM 744 (Rev.'97)

8100x	\Box			BRAND NAME AND ITEM DESCRIPTION									STER CASE	CASE	п	EN NEASURE		STORE THE STORE		CASE DIMENSIONS (NOVES)		SHELF
SECTION	GROUP	SEQU	ENCE				A THE INVESTIGATION	THE DESCRIPTION OF					COUNT	PACK	-		PO	UNES)	LENGTH	WDTH	HEIGHT	LIFE DATE
			_												PALLET		GGT APPLICA	our I	DETAIL LINE	T DIMENSIONS AS I	MEDOLUM PADET	D. (BARD)
. GROUP.	FAMILY	SEQU	ENCE	VENDOR CODE	PFE	UPC DEUCT CODE	0.9	UPPRESSED UPC	CA	SE CODE		UPCMULTHP	FNO.	Tr		назн	YES (DEPTH	WETH	MEHCHWACKSES	HBGHT
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CALGARY	\perp																			1 4	1 🖳	
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STORAGE	REQUI	REMEN	ITS (CHECK		DRY 🗆	REFRIGERA	тер 🗆	FREEZER:					IS TI	EMPERATUR	E CONT	ROL REQUI	RED DURIN	G WINTE	PLGUMMER TRAN	SPORTATIONS	☐ YES	i □ NO
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FD. STOOK NO. SECTION	GROUP	SEQU	ENCE				SPAND NAME AND	TEM DESCRIPT	TON					CAT PACK	п	EN MEASURE						
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-		SEQU		VENDOR CODE	m					SE CODE			COUNT	PACK TI	PALLET		GST APPLICA	BLE A)	LENGTH	WIDTH	HEIGHT	LIFE DATE
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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 Vendo	rs:
NOTE: When changes are made	e to any of these areas that will affect the method in wh	nich Safeway purchases Catalog Distributor Ye	es No
merchandise, please ac	lvise us by letter, or vendor/broker fact sheets.	Drop Shipment Ye	es No
		Product Line Ye	es No
VENDOR (Please Print)			
Company Name		1 Cash terms % days, Net	
Address		2 Swell allowance %	
City/State:	Zip	3 Trade discount % per case or other	
Telephone:		4 Quantity discount Yes No If yes, provide quantity breakpoints	
Fax Number		5 Minimum order quantity Maximum order quantity	
Customer Service / Toll Free: (800	0)	Order in units of (X one)	
Contact Name		6 Shipped via (X) If Buyer's truck complete #7 and #8	
Title		☐ Truck ☐ Rail ☐ Buyer's truck	
		7 Freight allowance \$ per minimum quantity	
		8 Pick up address	
BROKER (Please Print)			
,		9 Price protection terms? ☐ Yes ☐ No	
Company Name		☐ Store stocks ☐ Warehouse ☐ Invoice	
Address		10 Shipping terms (X) one	
City/State:	Zip:	A.	
Telephone:		B.	
Fax Number:		C.	
Customer Service / Toll Free: (800	0)	D.	
Contact Name:		E.	
Title:		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)	
Invoiced by:	☐ Broker	14 Pallet/Slip sheet information (X) Box that applies	
		A.	
* Vendor/Item cannot be set up with	nout these two forms on file with Safeway.	B.	
		C. Pallet exchange is available	
CCG Continuing Comme	odity Guarantee	D.	
POI Proof of Insurance		15 Is Vendor EDI, DEX, or NEX capable? EDI ☐ DEX ☐ NEX ☐ N/A	
		If so, please provide:	
** Information Resources		EDI/DEX contact name	
Attn: National Product		EDI/DEX contact phone	
150 North Clinton Stree	et .		
Chicago, IL 60661-141			
Phone (312) 474-2500	Fax (312) 474-2991		