



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

Authorized Signature:

Zip Codes

**Excluded:**

Authorized Signature:

Bayer

[illegible]

# New Product Presentation Fact Sheet Example

SUPPLIER	
NAME	
ADDRESS	
POSTAL CODE	

INVOICED BY
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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.					
STOON					
VUL.					

CASH TERMS	F.O.B. POINT	MIN. SHIPMEN	SPEC. TERMS OR TENDED OFF	TRUCK OR CARLOAD ALLOW	WHSE. 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 \_\_\_\_\_

COMPLETE THE REVERSE SIDE ON PRODUCT DESCRIPTION

FORM 744 (Rev. '97)

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? \_\_\_\_\_

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																LENGTH	WIDTH	HEIGHT	
GROUP	FAMILY	SEQUENCE	UPC VENDOR CODE	UPC PRODUCT CODE	O. SUPPRESSED UPC	CASE CODE	UPC MULTI-PK NO.					PALLET		GST APPLICABLE		RETAIL UNIT DIMENSIONS AS MERCHANDISED (IMP.)					
												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) <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	PRODUCT AVAILABILITY DATE
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RETAIL UNIT DESCRIPTION (CHECK ☒): ☐ BOX ☐ CAN ☐ JAR ☐ BOTTLE ☐ ENVELOPE ☐ OTHER \_\_\_\_\_

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																LENGTH	WIDTH	HEIGHT	
GROUP	FAMILY	SEQUENCE	UPC VENDOR CODE	UPC PRODUCT CODE	O. SUPPRESSED UPC	CASE CODE	UPC MULTI-PK NO.					PALLET		GST APPLICABLE		RETAIL UNIT DIMENSIONS AS MERCHANDISED (IMP.)					
												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	
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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