

ALISON'S PANTRY, LLC

Vendor Set Up Form

COMPANY NAME: _____ Phone No. _____

Fax No. _____

REMIT TO ADDRESS: _____ Website _____

PAYMENT TERMS: _____ (We prefer 2% 10, Net 30 from all vendors)

MINIMUM ORDER REQUIREMENTS: _____ Dollars _____ Cases/pounds

LEAD TIME

STOCKED IN DOT Y N

2009 Marketing Program

1. FLYER FEE

See rates below:

1 - 5 Items	\$ 150
6 - 10 Items	\$ 200
11 or more Items, plus Cover	\$ 250

2. BILLBACK PROGRAM YES NO
Please attach details

3. GROWTH PROGRAM YES NO
Please attach details

4. SAMPLING PROGRAM YES NO

PRICE LIST (Send your most current list)

CERTIFICATE OF INSURANCE

This MUST Be in our files by Order Date

HOLD HARMLESS AGREEMENT

BROKER: _____ Phone No. _____

REP NAME: _____ Fax No. _____

E-mail _____

* Please fill out the Catalog Proposal Form on a Monthly basis with any Pricing changes

Please note: All fees and allowance will be deducted unless otherwise specified

Requested by: _____ Accepted by _____

Alison Chuntz
Alison's Pantry
P.O. Box 1019
Pleasant Grove, UT 84062
(801) 796-6411
(801) 796-9309
alison@alionspantry.com