



# Alison's Pantry™ Catalog Item Proposal

580 West State Street, P.O. Box 1019  
 Pleasant Grove, Utah 84062  
 801-796-6411 Fax: 801-796-9309  
[www.alisonspantry.com](http://www.alisonspantry.com)  
 E-mail to [kim@alisonspantry.com](mailto:kim@alisonspantry.com)

Broker: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

For Catalog #: \_\_\_\_\_

### Catalog Fees\*

¼ page ad..... \$100.00  
 ½ page ad..... \$150.00  
 ¾ page ad.....\$200.00  
 Full page ad ..... \$250.00  
 Front or back cover..... \$250.00

*\*We request a fee from our vendors to help pay for advertising and our catalog printing. The amount above is only suggested; however we do require this fee or growth monies for each line. Please come prepared to discuss these fees when you meet with Kim.*

Manufacturer Item #	Description & Pack Size	AP Item #	Case Cost	Case Wt.	Off Invoice	Net Cost	Office Use

Is product FOB?  Yes  No (Minimum: \_\_\_\_\_ Delivered?  Yes  No (Minimum: \_\_\_\_\_)

Delivered Pricing?  Yes  No Will Point of Sale be Supplied?  Print  Digital

Participating in Catalog Allowances?  Yes  No May we deduct Catalog Allowance O.I. at purchase time?  Yes  No

Growth programs or incentives?  Yes  No Please explain: \_\_\_\_\_

Does AP have current credit?  Yes  No Payment terms: \_\_\_\_\_ (We prefer 2% 10. Net 30)

**Vendors must be able to ship out within 10 days of order.**

**This form must be filled out when a new line is presented and each month the line appears on catalog.**

**Updated: 9/18/2014**