

ALISON'S PANTRY, LLC
Vendor Set Up Form



COMPANY NAME: _____

REMIT TO ADDRESS: _____

Phone No. _____

Fax No. _____

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

Marketing Program

1. FLYER FEE

See rates below:

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

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 _____

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