

## ATA RETAIL SERVICES - New Vendor Form

Manufacturer: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
Manufacturer Email: _____	Fax # _____

Rep: _____	Phone: _____
Rep Email _____	Fax# _____
Customer Service Email: _____	Name: _____

Manufacturer UPC: _____ - _____	Lead time CA Warehouse: (Calendar days): _____
	Lead time TN Warehouse : (Calendar days): _____
<b>* ATA Minimum Terms - 2% 30, Net 60 Days *</b>	
Cash Terms: _____	Minimum Shipment: _____
<b>* ATA requires a 3% spoils allowance due to item defect &amp; bad packaging*</b>	

### **Ship From**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Promotional Opportunity**

New Item Allowance (opening distribution): \_\_\_\_\_ New Account Roll-Out Allowance \_\_\_\_\_

Volume Discount (cost break quantity): \_\_\_\_\_

Does the ATA price quote differ from the grocery warehouse chain? Yes \ No

Explain: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Cost Increases**

All cost increases on new or existing items will require 60 day advanced notice.

*Please submit insurance information with this form, failure to do so will result in delayed orders.*

## ATA RETAIL SERVICES

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