

**ATA RETAIL
SERVICES**

30773 Wiegman Road
Hayward, CA 94544
Ph-510.401.5300 Fax-510.352.1949

New Vendor Form

Manufacturer: _____

Address: _____

City: _____ State: _____ Zip: _____

Rep: _____ Phone: _____

Fax orders to: Rep \ Factory Fax Number: _____

Rep Email: _____

Manufacturer UPC: _____ - _____ Lead time CA Warehouse: (Calendar days): _____

Lead time TN Warehouse : (Calendar days): _____

Cash Terms: _____ Minimum Shipment: _____ Minimum for Ppd: _____

Spoils Allowance / Return Policy: _____

Ship From

Address: _____

City: _____ State: _____ Zip: _____

Promotional Opportunity

New Item Allowances: _____

Extra Dating: _____ Periodic Promotions: _____

Ad Allowances: _____

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

Explain: _____

Signature: _____

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