

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):	_____
Cash Terms:	_____	Minimum Shipment:	_____
		Minimum PrePaid Frieght:	_____
Spoils Allowance / Return Policy:	_____		

Ship From

Address:	_____		
City:	_____	State:	_____ Zip: _____

Promotional Opportunity

New Item Allowances:	_____		
Extra Dating:	_____	Opening Order Discounts:	_____
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.

ATA RETAIL SERVICES

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