

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): _____
* ATA Minimum Terms - 2% 15, Net 60 Days *	
Cash Terms: _____	Minimum Shipment: _____
* ATA requires the return of all products due to item defect & bad packaging "or" a 3% spoils allowance *	
Full return for damages <input type="checkbox"/>	3% Spoils Allowance <input type="checkbox"/>

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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