



Vendor _____

Date _____

Vendor Evaluation

I. GENERAL INFORMATION

Vendor Name	_____	Phone Number	_____
Remitt. Address	_____	Alternate Phone Number	_____
City	_____	Fax Number	_____
State	_____	Website	_____
Zip Code	_____	Trade Service Partner (Y/N)	_____
		EDI (Y/N)	_____

Vendor President _____

National Sales Manager _____

Vice President of Sales _____

Number or Years in Business _____

UPC/Barcodes for Entire Line (Y/N) _____

Electronic Data Interface (Y/N) _____

II. REPRESENTATION

Rep. Agency	_____	Phone Number	_____
Street Address	_____	Alternate Phone Number	_____
City	_____	Fax Number	_____
State	_____	Website	_____
Zip Code	_____	Local Vendor Staff	_____

Number of Years in Business _____

Total Territory for this Line _____

Local Territory (Counties) _____

Total Number of Field Representatives _____

Local Field Representative _____

Email Address _____

III. PRODUCT

Product Group _____
Competing Lines _____
Advantages _____
Central Distribution Location _____
Manufacturing Location _____

IV. TERMS/CONDITIONS

Payment Terms _____
Minimum Charge _____
Freight Terms _____
Special Terms & Conditions _____

V. PROGRAMS

Price Basis _____
Rebate Program _____
Promotions _____
Spiffs _____
Free Goods/Samples _____
Marketing Funds/Co-Op _____
Floor Plan Support _____
Contractor Programs _____

VI. INVENTORY

Minimum Stocking Inventory _____
Value _____

VII. SPECIAL ORDERS

Define a Special Order _____
Special Terms/Conditions _____
Quick Ship Program _____
Non Cancelable/Return Policy _____

VIII. RETURNS/RESTOCKING

Return Procedure _____
Restocking Charge Policy _____
Return Freight Policy _____
Return Eligibility Criteria _____
Inventory Rotation Program _____
Discontinued Product Policy _____

IX. DEFECTIVE PROCEDURE

Warranty Service _____
Inspection/Field Scrap Return _____
Authorization Person _____
Credit/Replacement _____

X. DISPLAY

Display Invoice Cost _____
Display Freight Cost _____
Offsetting Display Allowance _____
Change Out/Installation Allowance _____
Display Area Requested _____
Display Area Modifications Requested _____
Build-Out Allowance _____

XII. OTHER DISTRIBUTION

Other Wholesalers in our Trade Area _____
Retail Outlets in our Trade Area _____
Direct Customers in our Trade Area _____
Internet Sales Policy _____

XIII. COST

Describe product costs or discounts beyond normal pricing

How many days beyond the published date of an increase will you hold current pricing

In the event of a decrease in cost, how far back will you make the decrease retroactive

By signing below, I affirm that the information submitted is correct and that I have the authority to extend such terms, conditions, and other considerations to 3i Supply Company.

Signature _____

Position _____

Print Name _____

Date _____