

IWDC "Vendor Profile" Information Sheet

IWDC EXPENSE CONTROL VENDOR PROFILE

NAME OF VENDOR _____

ADDRESS _____

CITY _____

STATE, ZIP _____

KEY CONTACT _____

TITLE _____

PHONE _____

FAX _____

EMAIL _____

WEBSITE _____

HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS? _____

TERRITORY COVERED
*The IWDC has over 140 main store locations (with over 630 total locations) throughout the United States (including Alaska), Canada & Mexico. In order to be an "APPROVED" IWDC vendor, your overall program **MUST** include these territories.*
Comments: _____

BREAKDOWN OF SALES REPS (Including "open-non covered" areas)
(Mandatory : Your sales representatives must get credit for making sales calls/sales to our IWDC members)

NAMES OF CURRENT IWDC MEMBERS DOING BUSINESS WITH? (If known)

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LIST PRODUCTS OR SERVICES YOUR BUSINESS OFFERS

WHAT IS YOUR MINIMUM ORDER BILLING INFORMATION (DOLLARS)?

WHAT IS YOUR NORMAL SHIPPING TIME AFTER RECEIPT OF ORDER? *(if applicable)*

WHAT ARE YOUR STANDARD PAYMENT TERMS?

IWDC CREDIT TERM PROPOSAL *(centralized invoicing only)*

(all central invoicing through IWDC is 2% over and above standard terms)

WHAT IS YOUR PROPOSED PRICING PROGRAM? *(please include reimbursable expenses)*

(To be an "APPROVED" vendor for the IWDC, your proposal MUST offer the best overall program)

WHAT IS YOUR STANDARD DISTRIBUTOR PRICE OFFERING AND HOW DOES THIS PROPOSAL DIFFER?

PLEASE DESCRIBE YOUR REBATE PROGRAM (rebate programs are designed to encourage additional business and are administered through the IWDC - all rebate monies are fully dispersed back to the participating member company)

IF APPROVED, WOULD YOU OFFER OUR MEMBER DISTRIBUTORS AN INITIAL "SIGN-UP" OFFER?

YES _____ NO _____

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IF "APPROVED" BY THE IWDC, WE REQUIRE THAT YOUR COMPANY COMMUNICATE WITH IWDC MEMBERS VIA MAIL, EMAIL, OR IN-PERSON VISITS ANNOUNCING THE AGREEMENT, INCLUDING LITERATURE, PRICE AND IDENTIFICATION OF WHO THE SALESPERSON IS TO EACH IWDC "MAIN STORE" LOCATION WITHIN 6 WEEKS.

WILL YOUR COMPANY COMPLY? YES _____ NO _____

WILL YOU ATTEND/DISPLAY AT OUR YEARLY SALES & PURCHASING CONVENTION?
(if applicable)

YES _____ NO _____

DOES YOUR COMPANY HAVE LIABILITY INSURANCE (INCLUDING PRODUCT LIABILITY)?

YES _____ NO _____

IF SO, HOW MUCH?

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PLEASE INCLUDE A COPY OF INSURANCE LIABILITY CERTIFICATE.

IF APPROVED (AND APPLICABLE), IWDC MUST BE LISTED AS "ADDITIONAL INSURED" UNDER YOUR PRODUCT LIABILITY INSURANCE.

WILL YOU COMPLY? YES _____ NO _____

NOTE: THE TERM "IWDC" REFERS TO THE COOPERATIVE AND ALL OF IT'S MEMBERS

Please email this form to: vendorsales@iwdc.coop