



Independent. Cooperative.

VENDOR PROFILE INFORMATION SHEET

NOTE: This form must be filled out completely or proposals will NOT be accepted. Attach extra pages as necessary.

COMPANY INFORMATION

Name of Vendor: _____ Key Contact: _____

Address: _____ Title: _____

City: _____ Phone: _____

State, ZIP: _____ Fax: _____

Website: _____ Email: _____

How long has your company been in business? _____

Is your company privately or publically held? Private Public

TERRITORY COVERED

United States Mexico Canada Other regions (please list below).

IWDC Members have "main store" locations throughout the United States (including Alaska), Canada, and Mexico. In order to be an "APPROVED" IWDC vendor, your overall program MUST include these territories.

LEADERSHIP CONTACT INFORMATION (Owner, President, CEO:, etc.)

Name: _____ Name: _____

Title: _____ Title: _____

Email: _____ Email: _____

Name: _____ Name: _____

Title: _____ Title: _____

Email: _____ Email: _____

BREAKDOWN OF SALES REPRESENTATIVES (Including "open non-covered areas)

Please list your current sales representatives and contact info (or attach document):

Mandatory: Your sales representatives must get credit for making sales calls/sales to our IWDC Members

SALES ORGANIZATIONAL STRUCTURE

Do you use Manufacturers Reps? Yes No

Do you directly employ Sales Reps? Yes No

Do you use both outside Manufacturers Reps and directly employed Sales Reps? Yes No

Please supply a geographical map of your sales support. Include contact information.



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MARKET CHANNEL

List Key Products/Items:

Under what product category do you classify your products:

DISTRIBUTION

Do you sell exclusively through distributors? Yes No (Selling direct to end-users is not permitted.)

Are there any situations in which your company will sell direct to the end-user? Yes No

If "Yes" please explain:

Do you have limited or select distributorships? Yes No (If approved, you must make your entire line of products available to our Membership)

Are your products marketed through other channels? (i.e. direct mail catalogs, mass retailers, online, etc.) Yes No

Name the current IWDC Distributors/Members you are doing business with (Must have at least three):

Total current sales (In U.S. dollars) with IWDC Distributors/Members: \$ _____

MARKET POSITIONING

What would you estimate your market share to be in the industry? _____%

What rank or market position do you hold (1-10) in the market against your competitors? **1 2 3 4 5 6 7 8 9 10**

List your top competitors:

REGULATORY

Please check all product approvals: UL CSA AWS CWB ANSI FM Other (please list)

Are all of your products marketed with UPC/bar coding? Yes No

Do you have NAFTA documentation? Yes No (Please attach)

INSURANCE

Does your company have product liability insurance? Yes No (Please attach a current copy of your policy)

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

Note: The term "IWDC" refers to the Cooperative and all of its members.



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MARKETING SUPPORT

What is your Coop Distributor advertising dollar program? (min 1%) _____

Will you attend/display at our yearly Sales & Purchasing Convention? Yes No

Will you participate in the marketing resources that IWDC publishes (Chronicles, Marketplace, iwdc.coop)? Yes No

iwdc.coop houses all Vendor Agreements, Pricing, Product Promotions, collateral, etc.. The Vendor is required to appoint an administrator to keep their portal page updated. Please list your company's admin for this site:

Admin Name: _____

Title: _____ Email: _____

Does your company offer training? Yes No

If "Yes" where do you hold your trainings? Our Facility Member/Distributor Facility Centralized location

IWDC University is an online training platform for Members to take Vendor sponsored courses. Will you participate in uploading training to our platform? Yes No

MEMBER PROGRAM DETAILS

ORDERING, PRICING, AND BILLING

What is your minimum order billing? (Dollars and/or sell packs) _____

Does your company have a minimum advertised pricing (MAP) policy? Yes No

Please provide details:

If you have a MAP policy, what are the margins for Distributors? _____

What is your company policy if MAP is not adhered to? _____

Include your proposed pricing program. (Must be the best pricing offered/available in the market.) IWDC represents \$2.5 billion in overall sales. To be an "APPROVED" vendor for the IWDC, your proposal **MUST** offer the best overall program. (This can be sent as an attachment.)

What is your standard distributor pricing program and how does the IWDC proposed pricing program differ? The IWDC expects at least a 5% price discount off last bracket/best standard distributor pricing.

Are there any special pricing programs currently in place with any IWDC Members? Yes No

Do you have regularly scheduled price adjustments? Annually Quarterly Other: _____

IWDC requires written explanation for price adjustments with a 60 day notice.



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What is your IWDC credit term offering?

All central invoicing through the IWDC is 2% over and above standard terms. Will you honor the standard IWDC payment terms? Yes No

SHIPPING

What is your freight policy? _____

Please list number of shipping points/distribution centers and locations:

Please explain your drop ship policy to end-users (including freight terms):

What is your normal shipping time after receipt of order (processing time) _____

What is your current fill rate percentage? _____%

REBATES, DISCOUNTS, AND INCENTIVES

What is your proposed rebate program? (Programs should include both loyalty and growth components). The IWDC will supply you with a template to use when calculating the rebate. Failure to use the template may result in a fine.

Does your company offer educational discounts? Yes No

If "Yes" please explain:

If approved, would you offer IWDC Members an initial sign-up incentive? Yes No

If approved, we require that your company communicate with IWDC Members via mail, email, or in-person visits announcing agreement, including literature, prices, and identification of who the salesperson is to each IWDC Member "Main Store" location within 6 weeks. Will your company comply? Yes No

WARRANTY & RETURNS

List your warranty procedures:

What is your return of goods policy?

What is your company's recall policy/procedure?



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By signing below, the Vendor acknowledges their understanding of the terms of doing business with the IWDC and its Members, and agrees to abide by these terms unless otherwise agreed to by both parties (IWDC and Vendor)

VENDOR

Signature: _____

Name: _____

Title: _____

Date: _____

IWDC

Signature: _____

Name: _____

Title: _____

Date: _____