



Vendor # \_\_\_\_\_  
 CA Set-up: \_\_\_\_\_  
 NV Set-up: \_\_\_\_\_

## Vendor Information Sheet

Please fill out the information below to help insure proper contact, pricing and relations.

**TAX ID#** \_\_\_\_\_ **FDA ID#** \_\_\_\_\_

Import  Domestic

**VENDOR NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Fiscal Year-End:** \_\_\_\_\_

**Purchasing Contact:** \_\_\_\_\_

**Purchasing Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Purchasing E-mail:** \_\_\_\_\_

**Will Backorder:**  Yes  No

### Local Representative / Broker

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### Location for Invoices / Credits

**Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### Tasting / Samples:

<b>Samples:</b>	0%	Must be Pre-Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Tasting / Staff Training:</b>	0%	Must be Pre-Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Donations:</b>	0%	Must be Pre-Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Wine / Specialty Spirit Menu</b>	\$0.00	Must be Pre-Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Samples first 90 days:</b>	0%	Must be Pre-Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Terms of sale:</b>		Letter of Understanding:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Pacific Edge Info to be Completed

**Price Struct:** \_\_\_\_\_

**Order Pad:**  Yes  No

**On Line:**  Yes  No

**Price Book:**  Yes  No

\_\_\_\_\_  
**Vendor Signature**

\_\_\_\_\_  
**PEWS Management Signature**

## Spirit Product Detail Sheet

**SUPPLIER NAME:** \_\_\_\_\_ **0** \_\_\_\_\_

**PRODUCT NAME:** \_\_\_\_\_

Bottle Size	
Category	
Vintage / Age	
Color	
Proof / Alcohol %	
UPC Code (bottle)	
UPC Code (case)	
SCC Code	

Case Pack	
Case Length/Width/Height	
Cs. Wt.	
Cs Per Layer (Tier)	
Layer (tier Per Pallet)	
Cases Per Palet	
Cube <i>(LxWxH / 1728)</i>	

F.O.B. (case price)	
Recommended List Price	

SPA \$\$	
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**Point of Origin / Pick-up Location:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Product Description:** *(full description, tasting notes, awards, special production/aging process)*

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**Product Description:** *(less than 35 words - specifically for customer new item forms)*

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**Shelf Talker Description:** *(no more than 25 words)*

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- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| <b>Sell Sheets Electronically?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Shelf talkers?</b>              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Jpg Bottle Shot?</b>            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>High Res Bottle Shot?</b>       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Value added packages?</b>       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Cocktail Recipes?</b>           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- (Please attach)**
- (Please attach)**
- (Please attach cd or ftp site address)**
- (Please attach cd or ftp site address)**
- (Please attach cd or ftp site address)**
- (Please attach)**

**Attach list of any accounts selling this item:**

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## Wine Product Detail Sheet

**SUPPLIER NAME:** \_\_\_\_\_ **0** \_\_\_\_\_

**PRODUCT NAME:** \_\_\_\_\_

Bottle Size	
Country State	
Vintage	
Appellation / Varietal	
Alcohol %	
UPC Code (bottle)	
UPC Code (case)	
SCC Code	

Case Pack	
Case Length/Width/Height	
Cs. Wt.	
Cs Per Layer (Tier)	
Layer (tier Per Pallet)	
Cases Per Palet	
Cube <i>(LxWxH / 1728)</i>	

F.O.B. (case price)	
Recommended List Price	

SPA \$\$	
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**Point of Origin / Pick-up Location:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Product Description:** *(full description, tasting notes, awards, special production/aging process)*

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**Product Description:** *(less than 35 words - specifically for customer new item forms)*

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**Shelf Talker Description:** *(no more than 25 words)*

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- Sell Sheets Electronically?  Yes  No
- Shelf talkers?  Yes  No
- Jpg Bottle Shot?  Yes  No
- High Res Bottle Shot?  Yes  No
- Value added packages?  Yes  No
- Cocktail Recipes?  Yes  No

- (Please attach)**
- (Please attach)**
- (Please attach cd or ftp site address)**
- (Please attach cd or ftp site address)**
- (Please attach cd or ftp site address)**
- (Please attach)**

**Attach list of any accounts selling this item:**

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