



New Supplier Setup / Supplier Update Request for Information

To ensure our records are complete and correct, we request you please fill out the fields below. Please complete this form and submit to rfonash@vntgimports.com

Supplier Name: _____
Supplier Rep: _____ Phone: _____ Email: _____
Submit Purchase Orders to: _____ Phone: _____ Email: _____

Supplier Information: (General Information)

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____ Email: _____
Currency: ___ USD ___ EUR

FOB/Warehouse: (if different than the above)

Attn: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____ Email: _____

Billbacks:

Attn: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____ Email: _____

Remit Payment to:

Attn: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____ Email: _____
Terms: Net 60 from Invoice Date
Preferred Method: ___ Check ___ Wire/ACH (International ONLY) (Details: _____)



Depletion & Sales Data:

Attn: _____ Email: _____

Format: PDF Excel/CSV (If you would like Excel/CSV, please contact rfonash@vntgimports.com to set up file/field format specs)

Compliance: (State reporting, etc.)

Attn: _____ Email: _____

Do you have a Delaware State license? No Yes (License #: _____)

New Jersey Brand Registration: Supplier handles Please handle on our behalf

Each unique item sold in New Jersey must be registered with the State. A BLR# will be assigned to each item. If your compliance department handles this, please send us your current registration details. If you would like us to handle this on your behalf, we will bill you back for the actual cost (\$23/item/year or remaining portion thereof). By selecting the option to have us handle, you authorize us to register all items available for sale in NJ and charge back to you accordingly.

Sample/Billback Allowance:

Please define your policy on billbacks of sample, bad bottles, etc. If you do not define a policy, we will assume the defaults of 50% for Customer Tasting and Staff/Store Training; 100% for all others. We bill back actual landed cost of the items used and provide documentation on each monthly invoice. **If you offer a percentage allowance on your invoice to cover certain costs in lieu of receiving billback invoices, please provide details of your program.**

Bad Bottles	Staff/Store Tasting	Customer Tasting	Internal Use (sales meeting, distributor tasting, etc)	Workwith	Supplier's Request	PLCB Chargeback or Samples (if applicable)
				100%	100%	100%

Pay for billback invoices via: Check or other remittance Credit memo against payables Free goods

For categories marked as "Included in Allowance", please define the parameters of your program:

Percentage: _____ Allowance given as discount on invoice Allowance issued as separate Credit Memo

Additional Notes: _____

I certify the above information is correct and complete to the best of my knowledge.

Signature of Authorized Party	Printed Name	Date

General Information/Points of contact for you:

Licenses: *Federal Wholesale* PA-P-21057 | *Federal Importer* PA-I-21047 | *PA Importer* I-568 | *PA Broker* BA-69 | *DE Wholesaler* 10007 | *NJ Wholesaler* 3402-25-461-001
Our Federal Tax ID: 23-2274782

Supplier Relations:

Steve Pinchuk - VP of Sales, ext 302
spinchuk@vntgimports.com

Accounts Payable: Invoices, Credits, Statements

Jessica Ferry, ext 106
jferry@vntgimports.com

Purchasing: Purchase Orders, FOB changes, etc

Angela Cotter, ext 107
acotter@vntgimports.com

Depletions/Billbacks:

Meagan Brophy, ext 105
mbrophy@vntgimports.com