

BURRIS FOODS NEW ITEM REQUEST FORM

Please Type or Print Clearly

**** FOR OFFICE USE ONLY ****

INSTRUCTIONS: Broker and Manufacturer's Representatives please fill out the top portion of this form completely. Price lists and any applicable Manufacturer's Fact Sheets must be attached. Failure to do so could result in delay in setting up the item.

Regular Item- Add to Contract	
Special Buy or Holiday Item	
Conversion Item(New Code Needed)	
On File(Add to Contract)	
New to Burris (Set Item Up)	
Cost Verified (Buyer's #)	
Anticipated 1st Ship Date	

Customer: _____ Date: _____

Acceptance of this new item by Burris guarantees Burris will have acceptable distribution. Manufacturers will be responsible for all inventory at Burris if this item is discontinued by our mutual customer(s). This policy is non-negotiable!

Manufacturer or Broker - FILL OUT SECTION BELOW

Brand (8 Characters Max): _____ Pack: _____ Size: _____

Item Description: _____

UPC # (Retail Unit): _____ - _____ UPC # (Master Case): _____ - _____

Case Cost: _____ IPC: _____ Payment Terms: _____ Ti: _____ Hi: _____

Gross Case Weight: _____ Net Case Weight: _____ Cube: _____ Unit Factor: _____

Sales Service Allowance: _____ % _____ /case

Slotting Allowance/Set-Up Fee Mandatory See Burris Buyer For Details **Amount and Method of Payment (Example: Free Goods, Standard Deduction, Special Intro Accrual, etc.)**

Intro Allowance (Attach Deal Sheet): _____ First Ship: _____ Last Order: _____

Next Allowance (Attach Deal Sheet): _____ First Ship: _____ Last Order: _____

Name of Vendor Billing Product: _____ Phone: _____

Address: _____ Fax: _____

City, State, ZIP: _____

Broker: _____ Broker/Mfr. Contact: _____

TO BE FILLED OUT BY CUSTOMER AND BURRIS REPRESENTATIVE

Burris Code: _____ Customer Code: _____ Commodity Class: _____

P.A. Group Code #: _____ Department: _____ I/C Gals: _____ I/C Doz: _____

Vendor#: _____ Buyer: _____ Private Label:

YES	
NO	

Automatic Distribution:

YES	
NO	

 # of Cases: _____

How Price	
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 (PLEASE ATTACH DISTRIBUTION)

ZONE RETAILS (FILL ALL APPLICABLE)

Same Retail - All Zones: _____

1		8		15		22		29		36		43	
2		9		16		23		30		37		44	
3		10		17		24		31		38		45	
4		11		18		25		32		39		46	
5		12		19		26		33		40		47	
6		13		20		27		34		41		48	
7		14		21		28		35		42		49	

Comments/Special Instructions: _____

CUSTOMER APPROVAL SIGNATURE: _____