

NATURAL STATE DISTRIBUTING VENDOR INFORMATION

Vendor # _____

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

TAX ID # _____	Check One	Domestic	
		Import	

Vendor Name: _____

Corporate/Mailing Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Purchasing Contact: _____

Purchasing Phone: _____ **Fax:** _____

Fiscal Year-End: _____ **Purchasing E Mail** _____

Will Backorder: Yes Or No _____ **State Requesting Set Up:** _____
(Circle One) _____ **Web Site** _____

Local Representative/ Broker

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Location for Invoices/Credits

Name: _____ **Name:** _____

Address: _____ **Address:** _____

City/St: _____ **City/St:** _____

Ph/Fax: _____ **Ph/Fax:** _____

Email: _____

Tastings/Samples:

		<u>YES</u>	<u>NO</u>
_____ % Samples	Must be pre-approved:	_____	_____
_____ % Tasting / Staff Training	Must be pre-approved:	_____	_____
_____ % Donations	Must be pre-approved:	_____	_____
_____ \$ Wine List Amount	Must be pre-approved:	_____	_____
_____ % Samples First 90 days		<u>YES</u>	<u>NO</u>
_____ Terms of Sale	Letter of Understanding	_____	_____

Web Site _____

	<u>YES</u>	<u>NO</u>	
Natural State Distributing Info to be Completed	Order Pad:		DATE
Price Struc:	On Line		
	Price Book		

Comments: _____

Vendor Signature

NSD Authorized Signature