



**NEW Product SUBMITTAL SHEET**

**Grocery, Dairy, Frozen and Meat**

**New item and New Store placement Discount**

 %

Rep/Broker:

Primary

Vendor:

Direct  Distributor  Demos

Email Address

Phone

Number:

( ) -

Date:

\_\_\_/\_\_\_/\_\_\_

**VC ONLY SECTION BELOW**

Order by:	Case Size (i.e.12)	UPC (1st digit, then next 5, then following 5, then last digit)	BRAND	PRODUCT DESCRIPTION	Unit of Measure (i.e.10 oz)	SRP	WHSLE COST	OPENING DISCOUNT	ONGOING DISCOUNT	Natures Best #	UNFI Number	MANUF. NUMBER	V.C. COST	V.C. RETAIL	BMC	Ref Art. #
<input type="checkbox"/> individual <input type="checkbox"/> Case																

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Originated Article Number: #

Cross Merch  Yes  No

DC Line  Yes  No

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<input type="checkbox"/> 100% <input type="checkbox"/> 95% <input type="checkbox"/> Some Ingredients	<b>Allergen status</b> <input type="checkbox"/> Dairy Free <input type="checkbox"/> Soy Free <input type="checkbox"/> Yeast Free <input type="checkbox"/> Lactose Free <input type="checkbox"/> Gluten Free <input type="checkbox"/> Peanut Free <input type="checkbox"/> Casein Free <input type="checkbox"/> Wheat Free <input type="checkbox"/> Tree Nut Free	<b>Lifestyle Factor</b> <input type="checkbox"/> Raw Food <input type="checkbox"/> Alcohol Free <input type="checkbox"/> Vegan <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian	<b>Factors of Concern</b> <input type="checkbox"/> Non Irradiated <input type="checkbox"/> Fair Trade <input type="checkbox"/> GMO Free	<b>Gender or Age Specific</b> <input type="checkbox"/> Male <input type="checkbox"/> Teen <input type="checkbox"/> Female <input type="checkbox"/> Child <input type="checkbox"/> Senior <input type="checkbox"/> Baby	<b>Packaging/Storage</b> <input type="checkbox"/> Glass <input type="checkbox"/> Refrigeration <input type="checkbox"/> Plastic <input type="checkbox"/> BPA Free	Originated Article Number: #	Cross Merch <input type="checkbox"/> Yes <input type="checkbox"/> No DC Line <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> 100% <input type="checkbox"/> 95% <input type="checkbox"/> Some Ingredients	<b>Allergen status</b> <input type="checkbox"/> Dairy Free <input type="checkbox"/> Soy Free <input type="checkbox"/> Yeast Free <input type="checkbox"/> Lactose Free <input type="checkbox"/> Gluten Free <input type="checkbox"/> Peanut Free <input type="checkbox"/> Casein Free <input type="checkbox"/> Wheat Free <input type="checkbox"/> Tree Nut Free	<b>Lifestyle Factor</b> <input type="checkbox"/> Raw Food <input type="checkbox"/> Alcohol Free <input type="checkbox"/> Vegan <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian	<b>Factors of Concern</b> <input type="checkbox"/> Non Irradiated <input type="checkbox"/> Fair Trade <input type="checkbox"/> GMO Free	<b>Gender or Age Specific</b> <input type="checkbox"/> Male <input type="checkbox"/> Teen <input type="checkbox"/> Female <input type="checkbox"/> Child <input type="checkbox"/> Senior <input type="checkbox"/> Baby	<b>Packaging/Storage</b> <input type="checkbox"/> Glass <input type="checkbox"/> Refrigeration <input type="checkbox"/> Plastic <input type="checkbox"/> BPA Free	Originated Article Number: #	Cross Merch <input type="checkbox"/> Yes <input type="checkbox"/> No DC Line <input type="checkbox"/> Yes <input type="checkbox"/> No
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**For Existing vendors: What Products do you recommend that we DISCONTINUE to make room for the new products listed above?**

**Date to Download:**

Entered into SAP:

Entered into Legacy:

SO Store:

What other retail stores in the market stock product?