

CVS Vendor Information Form

Vendor to Complete ALL **Shaded** Fields where applicable

<input type="checkbox"/> <i>New Vendor Info</i> Vendor # _____ Remit Vendor # _____	<input type="checkbox"/> <i>Change Info for Existing Vendor</i> Vendor # _____
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Choose One: **DSD Vendor** **Warehouse Vendor** **Expense Vendor**

<p style="text-align: center;">Remit Address</p> Vendor Name _____ DBA _____ Address 1 _____ Address 2 _____ City/State _____ Zip _____ Country _____	<p style="text-align: center;">PO Address</p> Name _____ Street _____ City/State _____ Zip _____ Sales Rep _____ e-mail addy _____ Corporate Phone _____ AR Phone # _____ Dun's # _____
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Category Manager Code _____ FOB/FFA/Prepaid (Freight Terms) _____ 1 = FOB (Free on Board) 2 = FFA (Full Frt Allowance) 3 = Prepaid Choose One: FOB Destination <input type="checkbox"/> Ship Point <input type="checkbox"/>	<p style="text-align: center;">Co-Op Ad Code _____</p> 1 = Adv in any warehouse fulfills adv. Req in all whses. 2 = Each whse is required to advertise on initial buy made for that whse. 3 = Adv is req for all buys made by a whse. 4 = adv in one or more specific whse fulfills req in all whses 5 = Adv subject to certain exceptions 9 = Vendor does not offer co-op adv allowance.	<p style="text-align: center;">Order Multiple _____ Minimum Units _____</p> C = Cases D = Dozens P = Pieces <p style="text-align: center;">Minimum Units Multiple _____</p> C = Cases Z = Dozens P = Pieces L = Pounds <p style="text-align: center;">Minimum Dollars _____</p> <p style="text-align: center;">Pay Terms _____</p>
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<p style="text-align: center;">Damage Disposition Code _____</p> DO = Donate VP = Vendor Pickup SV = Vendor Return SI = Dispose	<p style="text-align: center;">Damage Payment Type _____</p> W = Write off: CVS absorbs the cost of damages, or vendor pays off-invoice allowance D = CVS deducts Damage from the next payment to vendor C = Vendor sends check to CVS	<p style="text-align: center;">DSD/Expense Vendor Only</p> Pay Group _____ <p style="text-align: center;">Tax ID # _____ Employee <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Warehouse and DSD Vendors

Credit Application Attached Yes No

Seasonal Hold 30% of Spend \$ _____ Product Description _____ Category # _____ Certificate of Liability Attached Yes No

DSD Vendors Only - (Bolded fields in this section only are completed by CVS FMM or CM)

All Store Vendor Yes No Gross Margin % If applicable, all related CVS Corp 1 Vendor #s (must list all) _____

Does Vendor provide bracket pricing? Yes No Does Vendor Pay Freight? Yes No

Detail or Summary Vendor: (FMM/CM to assign) _____

Dropship Yes No Dex, Nex, Symbol or Other _____

<p><i>DEX Vendors Only</i></p> <p><i>Comm ID</i> _____ <i>Duns #</i> _____</p> <p><i>DEX Contact</i> _____ <i>phone #</i> _____ <i>Email</i> _____</p> <p><i>DEX hardware make/model</i> _____ <i>DEX software vendor/version</i> _____</p>

Requested by FMM or CM _____

We require that all CVS DSD vendors read and sign DSD Vendor Policy Acknowledgement Form prior to being set up for payment. A signed copy of DSD Vendor Policy Acknowledgement Form must be returned with this CVS Vendor Information Form.

Complete back of form and sign.

Merchandise Return Address			
<input type="checkbox"/> Warehouse Return Name _____ Street _____ City/State _____ Zip _____ Phone _____	<input type="checkbox"/> Store Return Name _____ Street _____ City/State _____ Zip _____ Phone _____		

Information for Electronic delivery of PO:	
Please visit www.cvssuppliers.com	
EDI Info Import <input type="checkbox"/> Yes <input type="checkbox"/> No EDI Capable <input type="checkbox"/> Yes <input type="checkbox"/> No EDI Contact _____ Fax # _____ Email Address _____ Phone # _____	EDI Customer Service Info Contact Name _____ Email Address _____ Fax # _____ Phone # _____

Ship From Address	
<i>Where merchandise will be shipped from –If product ships from multi-locations, utilize Ship From Address 2</i>	
Address 1	Address 2
Warehouse Contact Name _____ City/State _____ Zip _____ Phone # _____	Warehouse Contact Name _____ City/State _____ Zip _____ Phone # _____

Backhaul Data	
<i>Required to identify program availability and central point of contact.</i>	
Do you offer a backhaul program from Address 1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you offer collect pricing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you offer a backhaul program from Address 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you offer collect pricing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Backhaul Contact Name _____ Contact phone # _____	Backhaul Contact Name _____ Contact phone # _____

Vendor Signature _____

CVS Authorized Signature _____

cc: EDI Dept, Cathy Petrarca-ECR, Dennis Berard-Log 3rd Flr

CVS Financial Approval Signature _____