

**Please fill in ALL applicable fields and forward
on Supplier Letterhead with Application
at time of submission.**

Vendor Name:		
Vendor Number: (enter N if new to market or unknown)		
Product Description:		
Vintage:		
CSPC: (National Number or previously assigned CSPC)		
Case Configuration: [Selling units per case x size (volume in ml)]	x	ml
Configuration of Cases per Pallet	cases long x	cases wide x cases high
Case Dimensions (in centimetres)	cm (l) x	cm (w) x cm (h)
Excellars/FOB:	<input type="checkbox"/> Excellars	<input type="checkbox"/> FOB
Excellars Pickup Address/FOB Port		
Price per Case:		
Currency:		
Terms: (60 days on receipt is standard)		
UPC/EAN and SCC (required at time of purchase)	UPC: <input type="text"/>	SCC: <input type="text"/>

IF APPLICABLE:

Specialty Item Information Breakdown:	
Price for product:	
Price for packaging:	

MANDATORY AUTHORIZATION:

Name of Vendor (Print)	Date
Signature of Vendor	Title