

IMPERIAL DISTRIBUTORS INC. SUPPLIER AGREEMENT FORM

Vendor Name: _____ Date: _____ Cat Mgr # _____
Vendor Number: _____ New _____ Change _____
Year _____ 2024 _____ HBW _____ GM _____

Required

- * A Certificate of Insurance must be submitted with this Supplier Agreement
- * A W-9 Form must be submitted with this Supplier Agreement

PART 1 - FINANCE

A. **Payment Terms:** _____ (Minimum Requirement 2% 30 Days)
Seasonal Terms: _____ (Minimum Requirement 2% 60 Days)

B. **Pricing:** Please note that Imperial requires 90 days notice for price increases/decreases.
Imperial Distributors also requires best bracket pricing on all items.

Cost change form must be requested for all changes, manufacturer price list not accepted

C. **Method of payment on allowances and rebates (check all that are applicable):**

Off Invoice: _____
Bill Back: _____
Deduction: _____
Other: _____

D. **EDI Invoicing Capable:** (Yes/No) _____

Note: The fee for EDI set up is \$200.00 Please complete an EDI application form (accessible at www/imperial.com/forms) and return to the Category Manager

E. **Remittance Address:** _____

F. **ACH Payment Option** Yes___ No___

If yes, please complete below or attached information

Bank Name: _____
Bank Address: _____
Bank ID/Routing # (US Banks only) _____
Bank Account # _____
Email for Remittance _____

PART 2 - TRANSPORTATION

Please refer to Imperial Routing Guide for specific transportation guidelines.

A. **Delivery Options (check all that are applicable):**

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Prepaid _____ Pick Up _____
FOB Vendor _____ Drop Ship _____

Minimum Ship for Prepaid(Complete all that are applicable):

Dollars _____
Cases _____
Cube _____

B. Allowances (Complete all that are applicable):

Truck Load _____ Pick Up _____
Distributor _____ Other _____

PART 3 - RETURN GOODS - Manufacturer is responsible for Freight on all returns

* Note there is a 15% Handling Fee on all Return Debits

* Note there is a 25% Handling Fee for Product Recalls

A. Returns due to Discontinuation by Manufacturer (Check one):

1. Scan & Save for Credit _____
2. Scan & Destroy _____

B. Returns due to Discontinuation by Retailer (Check one):

1. Scan & Save for credit _____
2. Scan & Destroy _____

C. Outdated Product (Check one):

a. Scan & Save for Credit _____
b. Scan & Destroy _____
c. Spoils Allowance (list amount): _____

D. Damages (Check one):

a. Scan & Save for Credit _____
b. Scan & Destroy _____
c. Spoils Allowance (list amount): _____

E. Inventory Protection is required for the following:

a. Overstock from first purchase of a new item _____
b. Overstock due to insufficient ad sell through _____
c. Cost decreases from the supplier _____

PART 4 Ship Points

A. Location 1

a. Contact Name _____
b. Street _____

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- c. City/State/Zip code _____
- d. Telephone _____
- e. Lead Time _____

B. Location 2

- a. Contact Name _____
- b. Street _____
- c. City/State/Zip code _____
- d. Telephone _____
- e. Lead Time _____

PART 5 - MANUFACTUER CONTACTS

A. Sales:

- a. Name: _____
 - a. Title _____
 - b. Street _____
 - c. City/State/Zip code _____
 - d. Phone: _____
 - e. Email Address: _____

B. Broker:

- a. Name: _____
 - a. Title _____
 - b. Street _____
 - c. City/State/Zip code _____
 - d. Phone: _____
 - e. Email Address: _____

C. Transportation:

- a. Name: _____
 - a. Title _____
 - b. Street _____
 - c. City/State/Zip code _____
 - d. Phone: _____
 - e. Email Address: _____

D. Customer Service:

- a. Name: _____
 - a. Title _____
 - b. Street _____
 - c. City/State/Zip code _____
 - d. Phone: _____
 - e. Email Address: _____

E. Finance:

- a. Name: _____
 - a. Title _____
 - b. Street _____
 - c. City/State/Zip code _____
 - d. Phone: _____

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e. Email Address: _____

F. EDI:

a. Name: _____
 a. Title _____
 b. Street _____
 c. City/State/Zip code _____
 d. Phone: _____
 e. Email Address: _____

G. PO contact if not EDI

a. Name: _____
 a. Title _____
 b. Street _____
 c. City/State/Zip code _____
 d. Phone: _____
 e. Email Address: _____

I have read and agreed to the information provided in this document.

***Manufacturer**

Authorized Signature _____
 Printed Name and Title _____
 Date _____

Imperial Distributors

Category Manager _____
 Print Name _____
 Date _____
 VP of Category Manager _____

*** Person has to be an employee of the manufacturer and have the authority to sign on behalf of the company**

Print Name _____
 Date _____