



Wheatbelt, Inc.

Vendor Information and Agreement

Business Location Information

Company Name _____ Sales Contact _____
Street Address _____ Email _____
_____ Phone (____) _____
City/State/Zip _____ Fax (____) _____
Website: _____ Toll Free (____) _____

Show Contact Information

Name: _____ EMail _____ Phone: _____

Accounting / Invoice Remittance Information

Company Name _____ A/R Contact _____
(Name as it appears on invoice)
Street Address _____ Email _____
PO Box _____ Phone (____) _____
City/State/Zip _____ Fax (____) _____
Toll Free (____) _____

Are you interested in submitting billing transactions via electronic data transmission? Yes No

Manufacturer's Representative Information

(Complete if sales representative is from third party organization)

N A

Company Name _____ Contact _____
Street Address _____ Email _____
PO Box _____ Phone (____) _____
City/State/Zip _____ Fax (____) _____
Toll Free (____) _____

Wheatbelt Program

Core Product (s) _____ Payment Terms _____

Shipped From _____ Freight Terms _____ Minimum Order _____

Warranty _____ Defective Policy _____

Select one: Freight amount allowed in terms discount Freight amount not allowed in terms discount

Wheatbelt Trade Discount

NA

Trade Discount _____% Specify how traded discounts will be shown on invoices.

Select one: Discount is reflected in line item price Discount is listed separately on the invoice

Vendor Coop Program

NA

Coop Allowance (% , accrual, etc) _____

Contact Name _____

Claims
Address _____

City/State/Zip _____

Phone (____) _____ Fax (____) _____

Email Contact _____

Notes _____

Vendor Rebate Program

NA

Rebate Allowance (% , accrual, etc) _____

Contact Name _____

Claims
Address _____

City/State/Zip _____

Phone (____) _____ Fax (____) _____

Email Contact _____

Notes _____

Vendor Authorization and Acknowledgement

Name: _____

Signature: _____

Date: _____

All of our programs listed above are guaranteed to be equivalent or superior to any current programs offered to existing Wheatbelt, Inc. members and all programs offered to any member will be made available to every member. If not, Wheatbelt is authorized to automatically make deductions to achieve the same program level for each member. We guarantee we will not encourage or engage in any direct programs with Wheatbelt, Inc. members. We acknowledge receiving a copy of Wheatbelt, Inc.'s vendor information packet and agree to the billing document content standards specified in the packet.

Merchandising Department Approval

DMM Code: _____

Committee #: _____

DMM Approval: _____

Approval Date: _____

New Update # _____

Accounting Department Approval

Entered by: _____

Date Entered: _____

Approved by: _____

Approval Date: _____