

# New Item Submission

Fill out and print this PDF form and submit it with your item sample(s).

## Vendor information

## Submit to:

COMPANY NAME \_\_\_\_\_  
 VENDOR NAME \_\_\_\_\_  
 SALES REP \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

Zupan's Markets  
 Attn. Buyer  
 7223 NE Hazel Dell Avenue  
 Vancouver, WA 98665

## Item information

UPC CODE	ITEM CODE	PACK SIZE	CASE COST	SUGGESTED RETAIL	VENDOR	DEPARTMENT	BRAND NAME	CATEGORIES	ITEM DESCRIPTION	ITEM SIZE	UNITS OF MEASURE
								<input type="checkbox"/> GLUTEN FREE <input type="checkbox"/> ORGANIC <input type="checkbox"/> VEGAN <input type="checkbox"/> NON-GMO			
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- Free fill  
  New item promotional pricing  
  Consignment offer  
  Free product for sampling  
  Demos