

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 _____
 DISTRIBUTION CO. _____
 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			
								<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