Clark's Nutrition's New Item Product Introduction Form

VENDOR/MANUFACTURER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____
FAX: _____
EMAIL: _____

BROKER/ REP: _____
PHONE: _____
FAX: _____
EMAIL: _____
MINIMUM ORDER AMOUNT: _____
RETURNS/ FREIGHT REQUIREMENTS: _____
DEMO SUPPORT: _____

SUPPLIER	ITEM CODE NO.	BRAND NAME	DESCRIPTION	SIZE	COST	PRICE	UPC	TAX ?	CRV?

ORDER METHOD:

PHONE COMPANY ☐
FAX REP ☐
CONTACT BUYER ☐

OPENING ORDER DISCOUNT: _____ %
ONGOING DISCOUNT: _____ %
ADVERTISING MONEY AVAILABLE: _____
CO-OP MONEY: _____

PLEASE PRINT LEGIBLY AND FILL IN ALL FIELDS !!!