



NEW VENDOR SCREENING QUESTIONNAIRE

Company Name: _____ Date: _____ Phone: _____

Contact Person: _____ Email: _____

Website: _____

Products: _____

PRODUCT INFORMATION:

MARKETING SUPPORT (check all that apply)

Vendor Provides:

- Telemarketing
- Mailings

- Advertising
- Brokers

Vendor Marketing / Sales Support:

- Samples
- Advertising
- OI Promo Discounts
- Key Account MCB's
- New Placement Incentives
- Other: _____

- Case Stack Deals
- Shelf Talkers
- Display/POS
- Shippers
- Sales Team Spiffs

KEY SELLING POINTS:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

PRODUCT RANKING (top 5 sellers):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



NEW VENDOR SCREENING QUESTIONNAIRE

Company Name: _____ Date: _____ Phone: _____
 Contact Person: _____ Email: _____

PRODUCT ATTRIBUTES (check all that apply)

<input type="checkbox"/> Gluten-Free	<input type="checkbox"/> Fair Trade	<input type="checkbox"/> Low Carb
<input type="checkbox"/> Kosher	<input type="checkbox"/> Heat-n-Serve	<input type="checkbox"/> Sprouted
<input type="checkbox"/> Certified Organic	<input type="checkbox"/> Corn Free	<input type="checkbox"/> Keto Friendly
<input type="checkbox"/> Non-GMO	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Paleo
<input type="checkbox"/> Vegan	<input type="checkbox"/> Nut Free	<input type="checkbox"/> Plant Based
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Egg Free	<input type="checkbox"/> Sugar Free
<input type="checkbox"/> Raw	<input type="checkbox"/> Other: _____	

PRODUCT STORAGE

Frozen
 Refrigerated
 Dry Storage

DO YOUR PRODUCTS CONTAIN: (check all that apply)

Artificial Flavorings/Colorings Hydrogenated Fats Fructose or HFCS
 Trans Fatty Acids Artificial Sweeteners GM Ingredients

IF YOUR PRODUCTS ARE GLUTEN-FREE: (check all that apply)

Certified Gluten-Free Certified By: _____
 Packaging includes a gluten-free claim Made in dedicated gluten-free facility
 Products tested Tested to what # PPM: _____
 Are your products manufactured on a separate line?

GUARANTEED SHELF LIFE AT DELIVERY:

CASE QUANTITY / DIMENSIONS / WEIGHTS:

Case Quantity: _____ Case Dimensions: _____
 Unit Weight: _____
 Case Weight: _____



NEW VENDOR SCREENING QUESTIONNAIRE

Company Name: _____ Date: _____ Phone: _____
 Contact Person: _____ Email: _____

DISTRIBUTOR INFO

Please indicate all your current distributors carrying or scheduled to carry your products:

No other distributors

DIRECT SALES INFORMATION

Please estimate how many accounts in the Garden Spot service area you sell directly to: _____

States in the Garden Spot service area: CT, NY, NJ, PA, DE, MD, VA

SHIPPING INFORMATION:

Where do orders ship from? _____

Do you offer a pick-up allowance? If yes, what \$ _____

Minimum order for delivered pricing: _____

Minimum order for pick up: _____

PRICING:

Distributor Pricing / Retail Pricing you feel the market will support (independent health food stores):

Distributor Unit \$: _____ SRP \$: _____

CHECKLIST:

Have you answered the following?

- Product Info
- Shipping Info
- Distributor Info
- Pricing