

# ASSOCIATED WHOLESALE GROCERS

# NEW ITEM FORM

(Vendor Name)   
 REGULAR ITEM    
 IN & OUT    
 MILITARY

**Vendor Instructions:**

- \* This form must accompany all new item presentations.
- \* A separate New Item Form is required for each UPC.
- \* Please complete ALL fields on both sides of this form which have **BOLD BORDERS**. Do NOT complete any other fields.

RECOMMENDED DISTRIBUTION:   
 KC    
 SP    
 OK    
 ME    
 NA    
 GC    
 FW    
 NE    
 GL

NEW ITEM   
 RE-PRESENT   
 ITEM CHANGE - REASON FOR CHANGE:

AWG ITEM CODE:    
 WHSE: KC  SP  OK  ME  NA  GC  FW  NE  GL

CONV ITEMS: OLD ITEM CODE    
 FIRST SHIP DATE

**Buy Unit**

MASTER PACK    
 SHIPPER    
 ORDER ELIGIBLE

IF SHIPPER, PLEASE ATTACH A SHIPPER COMPONENT FORM

MASTER VENDOR    
 SUBVENDOR   
 CASE LENGTH    
 CASE BARCODE    
 TYPE   
 CASE WIDTH    
 GTIN CODE   
 CASE HEIGHT    
 TI/HI    
 CASE WT.    
 VENDOR ITEM CODE

**Rtl Unit**

BRAND    
 CATEGORY MANAGER #    
 MSRP

POS DESCRIPTION    
 PRIVATE LABEL

SHORT DESCRIPTION

LONG DESCRIPTION

SIZE (Max. 6 characters)    
 ORDER BOOK CLASS

CONSUMER UNITS    
 LINK GROUP PV #    
 CATEGORY

RETAIL HxWxD      
 SUB-CATEGORY

RETAIL WGT & UOM     
 FAMILY    
 HAZ MAT TYPE

COMPARE UOM    
 UNIT BARCODE    
 TYPE    
 ORDERABLE

**RtlGpTxDEA**

INV DEPT.    
 TAX TYPE    
 TAX CODE    
 TAX UNIT    
 UOM    
 TAX STAMP?

PRICE GROUP    
 TAX TYPE    
 TAX CODE    
 TAX UNIT    
 UOM

STRATEGY    
 TAX TYPE    
 TAX CODE    
 TAX UNIT    
 UOM

MFG / VND SHELF LIFE    
 TAX TYPE    
 TAX CODE    
 TAX UNIT    
 UOM

WHSE SHELF LIFE GUARANTEED TO AWG    
 STORE SHELF LIFE    
 RETAIL DEPARTMENT

**MitWhse Sub Vend #**   
 KC    
 SP    
 OK    
 ME    
 NA    
 GC    
 FW    
 NE    
 GL

**WhsReord**

SHIP / INNER PACK

FORECAST KC    
 SP    
 OK    
 ME    
 NA    
 GC    
 FW    
 NE    
 GL

FORECAST OVERRIDE    
 OVERRIDE PERIOD

RANDOM WEIGHT    
 BILL BY AVG.    
 INVESTMENT BUY CATEGORY    
 INVESTMENT BUY SHELF LIFE

**WhsVnd**

LIST COST: KC  SP  OK  ME  NA  GC  FW  NE  GL

BUYING QUANTITY   
 KC    
 SP    
 OK    
 ME    
 NA    
 GC    
 FW    
 NE    
 GL

WGHT. FACTOR    
 REVIEW COMMENT    
 COMMENT START/END

# ASSOCIATED WHOLESALE GROCERS

# NEW ITEM FORM (SIDE TWO)

<b>WhsMrgn</b>		CASH DISCOUNT TERMS	<input type="text"/>	%	<input type="text"/>	DAYS, NET	<input type="text"/>	BSP	<input type="text"/>
CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
Markup	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Penny	\$0.01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>WhsStatSub</b>		SUBSTITUTE ITEM	<input type="text"/>	ITEM STATUS:	<input type="text"/>	DISCONTINUE STATUS REASON:	<input type="text"/>
SUB WHEN OUT	<input type="checkbox"/>	SUB DIRECT	<input type="checkbox"/>	SUB IN ADD	<input type="checkbox"/>	DISC WHEN OUT	<input type="checkbox"/>
VENDOR PACK CHANGE	<input type="checkbox"/>	SUBSTITUTION %	<input type="text"/>	ASSOCIATED ITEM	<input type="text"/>	DEAL WEEKS	<input type="text"/>
DEAL ITEM	<input type="checkbox"/>	STATUS:	REG ITEM ACT <input type="checkbox"/>	ASSOC DL ITEM ACT <input type="checkbox"/>	ASSOC REG ITEM INACT <input type="checkbox"/>	ASSOC REG ITEM ACT <input type="checkbox"/>	

<b>WhsShp</b>		SOURCING & AUTH GROUP		<input type="text"/>	SUPPRESS LABELS	<input type="checkbox"/>	FEES:	<input type="text"/>	FEES:	<input type="text"/>
SUPPRESS ORDER BOOK	<input type="checkbox"/>	COMPARE ITEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

<b>WhsMgt</b>		SECTION	<input type="text"/>
REPACK (INNER)	LENGTH	WIDTH	HEIGHT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WEIGHT	BARCODE	<input type="text"/>	<input type="text"/>

<b>Freight Components</b>		COST BASIS: FOB	<input type="checkbox"/>	DELIVERED	<input type="checkbox"/>
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IF FREIGHT CHARGES/ALLOWANCES ARE DETERMINED ON AN ITEM-LEVEL BASIS, ENTER THE APPLICABLE CHARGES/ALLOWANCES BELOW:

FREIGHT CHARGE: KC	<input type="text"/>	SP	<input type="text"/>	OK	<input type="text"/>	ME	<input type="text"/>	NA	<input type="text"/>	GC	<input type="text"/>	FW	<input type="text"/>	NE	<input type="text"/>	GL	<input type="text"/>
FREIGHT ALLOW: KC	<input type="text"/>	SP	<input type="text"/>	OK	<input type="text"/>	ME	<input type="text"/>	NA	<input type="text"/>	GC	<input type="text"/>	FW	<input type="text"/>	NE	<input type="text"/>	GL	<input type="text"/>

<b>AWG Maintenance</b>		OBI: KC	<input type="text"/>	SP	<input type="text"/>	OK	<input type="text"/>	ME	<input type="text"/>	NA	<input type="text"/>	GC	<input type="text"/>	FW	<input type="text"/>	NE	<input type="text"/>	GL	<input type="text"/>
PROMOTION:	<input type="checkbox"/>	PROMO. DESC.:	<input type="text"/>	RECLAMATION:	<input type="checkbox"/>	ALLOW REGULAR ORDER:	<input type="checkbox"/>	FULL PALLET ALLOW.:	<input type="checkbox"/>										

<b>Item Retail</b>		KC	<input type="checkbox"/>	@	<input type="text"/>	SP	<input type="checkbox"/>	@	<input type="text"/>	OK	<input type="checkbox"/>	@	<input type="text"/>	ME	<input type="checkbox"/>	@	<input type="text"/>	NA	<input type="checkbox"/>	@	<input type="text"/>
GC	<input type="checkbox"/>	@	<input type="text"/>	FW	<input type="checkbox"/>	@	<input type="text"/>	NE	<input type="checkbox"/>	@	<input type="text"/>	GL	<input type="checkbox"/>	@	<input type="text"/>						

<b>Miscellaneous</b>		Slotting Allowance	<input type="text"/>
'AWG Invoice #	<input type="text"/>	ATTACH ACTUAL BAR CODE HERE	
Are JPEG images of the item available?	<input type="checkbox"/>		

If "Yes," please provide to Planogramming team -- If "No," charges will apply.

\* All offerings to AWG must be a guaranteed sale. Upon notice of item discontinuance, it is the vendor's responsibility to clean up warehouse and retail inventory within two weeks.

\* By signing below, the company representative verifies that all of the above information (all **BOLD BORDERED** fields) is accurate and complete, and that all allowances and benefits herein contained are being offered on proportionally equal terms to all customers of seller competing with the purchaser.

Rep. Signature	<input type="text"/>	Phone	<input type="text"/>
Company Name	<input type="text"/>	Date	<input type="text"/>
AWG Management Approval	<input type="text"/>	Date	<input type="text"/>
New Item Set Up By	<input type="text"/>	Date	<input type="text"/>

<b>Assistant Checklist</b>	LEAKER?	<input type="checkbox"/>	RETAIL?	<input type="checkbox"/>	AWG MAINT.	<input type="checkbox"/>	E-MAILED VENDOR?	<input type="checkbox"/>	TO BE BILLED?	<input type="checkbox"/>	UPC?	<input type="checkbox"/>	SAMPLE?	<input type="checkbox"/>
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