


## STANDARD QUOTATION & SPECIFICATION FORM

THIS FORM MUST BE COMPLETED IN FULL PRIOR TO SUBMITTING

<b>1. DATE SUBMITTED:</b>	<b>2. ITEM CODE:</b>
3. EFFECTIVE DATE:	
4. VENDOR OF RECORD:	
5. PRODUCT NAME:	
6. ALCOHOL TYPE:	7. TYPE CLASSIFICATION:
8. VINTAGE / AGE (NOT REQUIRED):	9. PROOF/ALCOHOL%:
10. ALCOHOL MADE:	
11. DISTILLED/PRODUCED BY (INCLUDE NAME & ADDRESS):	
12. BOTTLED BY (INCLUDE NAME & ADDRESS):	
13. SUPPLIER SHIP POINT (CITY & STATE):	
14. FOB POINT: <b>ABC MISSISSIPPI</b> 1286 GLUCKSTADT ROAD, MADISON, MS 39110	
<b>15. REASON FOR CHANGE (CHECK ALL THAT APPLY):</b>	
NEW ITEM	BARREL PROGRAM
PRICE CHANGE	VAP / LTO
BROKER CHANGE	<input type="checkbox"/> HOLIDAY ITEM
VINTAGE OR PROOF CHANGE	
UPC / SCC CHANGE	
OTHER (Explain in Remarks below)	
<b>16. BAILMENT OR SPECIAL ORDER:</b>	
BAILMENT	SPECIAL ORDER
_____ QTY OF CASES IN PALLET	ALLOCATED
_____ LAYERS IN PALLET	PRIVATE LABEL
_____ DIMENSIONS OF CASE (HxWxD)	FULL PALLET TRAYPACK
<b>17. BOTTLE SIZE:</b>	
18. UNIT/QTY IN CASE:	19. CASE WEIGHT (LBS):
<b>20. TOTAL INVOICE COST:</b>	
21. UPC #	
22. SCC #	
<b>23. REMARKS:</b>	
<b>24. BROKER FOR THE STATE</b>	<b>25. SUPPLIER: WE CERTIFY THE FOREGOING IS CORRECT</b>
COMPANY NAME:	SUPPLIER:
BROKER NAME:	STATE LIC/PERMIT NO:
EMAIL:	FED. ID. NO. (FEIN):
PHONE:	ADDRESS:
 <p><b>ALCOHOLIC BEVERAGE CONTROL DIVISION</b> — DEPARTMENT OF — <b>REVENUE</b> STATE OF MISSISSIPPI</p>	EMAIL:
	PHONE:
	SIGNATURE BY:

The Vendor agrees that all price quotations will be quoted prices to ABC Liquor Distribution Center, FOB Madison, MS, including tax and duty on imported items. Vendor agrees that any subsequent orders of the same product shall be at the quoted price until such time as Vendor contacts ABC and provides a new quoted price.