

STANDARD QUOTATION & SPECIFICATION FORM

VENDOR OF RECORD:

STATE CODE:

1. STATE:	2. DATE SUBMITTED:
3. BRAND NAME:	4. EFFECTIVE DATE:
5. STATE STOCK: <input type="checkbox"/>	6. BAILMENT: <input type="checkbox"/>
8. TYPE:	7. SPECIAL PURCHASE ORDER PLAN: <input type="checkbox"/>
11. AGE/VINTAGE:	9. CLASS:
15. DISTILLED/PROD.BY:	10. FORMULA:
16. ADDRESS:	13. DOMESTIC:
17. BOTTLED BY:	14. IMPORTED:
18. ADDRESS:	14a INBOND: <input type="checkbox"/> YES <input type="checkbox"/> NO
19. SOLD UNDER ANY OTHER LABEL: <input type="checkbox"/> YES <input type="checkbox"/> NO PROOF: AGE: EXPLAIN:	

20. SHIP POINT:	21. FOB POINT:	22. FRT. PER CWT:
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REASON FOR CHANGE:

23. <input type="checkbox"/> AGE/VINTAGE/PROOF CHANGE	26. <input type="checkbox"/> CASE COST CHANGE	29. <input type="checkbox"/> PALLET/TIER/WEIGHT CHANGE
24. <input type="checkbox"/> SIZE CHANGE	27. <input type="checkbox"/> VENDOR CHANGE	30. <input type="checkbox"/> PACK CHANGE
25. <input type="checkbox"/> SCC/UPC CHANGE	28. <input type="checkbox"/> NEW ITEM	31. <input type="checkbox"/> OTHER (Explain on Line 54)

	OTHER	3 LITER/ 4 LITER	1.75 LT/ 1.5 LT	LITER	750 ML	375 ML/ 500 ML	200 ML/ 187 ML	50 ML/ 100 ML
32. UNIT PACK								
33. OUNCES PER BOTTLE								
34. BOTTLES / SLEEVE								
35. VENDOR # - UPC(CO. - 6 DIGIT)								
- UPC (BRAND - 6 DIGIT)								
36. 2ND VENDOR # - UPC (CO. - 6 DIGIT)								
- UPC (BRAND - 6 DIGIT)								
37. SHIP. CONT. CODE - SCC (first 8 digits)								
SHIP. CONT. CODE - SCC (last 6 digits)								
38. STATE CODE								
39. CASES / PALLET & CASES / LAYER								
40. CASE WEIGHT (LBS)								
41. NET COST FOB SHIP POINT								
42. U.S. FREIGHT								
43. OCEAN FREIGHT								
44. MARINE INSURANCE								
45. OTHER CHARGES / BAILMENT								
46. DISCOUNT OR INSERT NET								
47. TOTAL INVOICE COST								
48. CASE DIMENSIONS (L/W/H) (INCHES)								
49. BOTTLE DIMENSIONS (D/W/H)								
50. LAST/PREVIOUS QUOTED COST								
51. DATE LAST/PREVIOUS QUOTE								
52. CASE COST INCREASE/DECREASE								
53. COST PER SELLING UNIT								

54. REMARKS: (INDICATE MI ADA)

55. Is this a product for which you want a limited listing period. YES NO If yes the listing ends / /

56. TERMS (NET/DISC.):

57. REPRESENTATIVE FOR THE STATE NAME: ADDRESS: LIC NO: TELEPHONE: FAX:	58. WE CERTIFY THAT THE FOREGOING IS CORRECT SUPPLIER: STATE LIC/PERMIT NO: FED. ID. NO.: ADDRESS: TELEPHONE: FAX: BY: TITLE:
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STATE USE