

STANDARD QUOTATION & SPECIFICATION FORM

VENDOR OF RECORD:

STATE CODE:

1. STATE: _____

3. BRAND NAME: _____

5. STATE STOCK: 6. BAILMENT:

8. TYPE: _____ 9. CLASS: _____

11. AGE/VINTAGE: _____ 12. PROOF/ALCOHOL: _____

15. DISTILLED/PROD.BY: _____

16. ADDRESS: _____ YES NO

17. BOTTLED BY: _____

18. ADDRESS: _____

19. SOLD UNDER ANY OTHER LABEL: YES NO PROOF: _____ AGE: _____ EXPLAIN: _____

20. SHIP POINT: _____ 21. FOB POINT: _____ 22. FRT. PER CWT: _____

REASON FOR CHANGE:

23. <input type="checkbox"/> AGE/VINTAGE/PROOF CHANGE 24. <input type="checkbox"/> SIZE CHANGE 25. <input type="checkbox"/> SCC/UPC CHANGE	<input type="checkbox"/> CASE COST CHANGE <input type="checkbox"/> VENDOR CHANGE <input type="checkbox"/> NEW ITEM	29. <input type="checkbox"/> PALLET/TIER/WEIGHT CHANGE 30. <input type="checkbox"/> PACK CHANGE 31. <input type="checkbox"/> OTHER (Explain on Line 54)
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	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 ADDRESS: _____ TELEPHONE: _____ FAX: _____ BY: _____ TITLE: _____
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STATE USE