



New Resale Vendor Form

Contact information:

Company Name: _____
Company Address: _____
Contact Name and Title: _____
Company Address: _____
Phone Number: _____
Email: _____

Tell us about your product:

What is your product? _____
What are the unique attributes of your product? _____

What is the suggested cost and retail? _____
Is it an everyday or seasonal item? _____
Is the product available in cases and/or shippers? _____
Do you currently have finalized packaging, UPC, and FDA approval? _____
Do you have product liability insurance? _____
Is this product currently being sold in this market? If yes, where? _____
If the product is not currently available in this market, is this being offered as a Dierbergs exclusive item? _____

Tell us about your company history:

Are you a local, established company? _____ How long have you been in business? _____
Who is responsible for manufacturing your product? _____
Do you have a website? If yes, please provide a URL. _____

Tell us about your source of distribution:

Is your product currently carried by a distributor? If yes, name the distributor. _____

Is your product currently represented by a broker? If yes, name the broker. _____

Tell us about your marketing plan:

Do you have funding available to support slotting / promotional activity up to market standards? _____

Does your product compete with a National Brand? If so, how is your product unique or different? _____

Please send this completed form to: newresalevendor@dierbergs.com