



PRODUCT APPLICATION

GENERAL INFORMATION

Manufacturer's Name: _____
 Submitted by { Name: _____ Phone: _____
 Email: _____ Cell: _____

PRODUCT INFORMATION

Product Name: _____ Annual Estimated Unit Sales _____
 Your Part Number: _____ UPC # _____
 Product Description: _____

Master Case Qty: _____ Inner Case Qty: _____ Buy Qty: _____ Qty in Retail Pkg: _____
 Retail Pkg Type: Carded Clam Shell Retail Package Kraft Box Bulk Other: _____
 Master Pkg Size: H _____ W _____ D _____ Weight _____ Ship UPS? Y N
 Inner Pkg Size: H _____ W _____ D _____ Weight _____ Ship UPS? Y N
 Retail Pkg Size: H _____ W _____ D _____ Weight _____ Ship UPS? Y N

Warranty (provide details): _____

If Fit Specific please provide details: _____

Certifications: UL CSA NFPA Other: _____ Power: Amps _____ Watts _____ Volts _____

Hazardous Material: Y N Class/Division: _____

Product Type (aluminum, glass, etc.) _____ Color _____ Country of Origin _____

Distributor Cost: \$ _____ Suggested Dealer \$ _____ Suggested Retail \$ _____

Initial Order Price: \$ _____ Initial Order Terms: _____ Minimum Order _____ Reorder _____

Product Availability Date: _____

OTHER INFORMATION

Two samples have been submitted to the attention of _____ Date Shipped _____

Y N I have a product specific logo that has been sent to _____ on _____

Y N I have submitted graphics per standard to _____ on _____

Y N I have submitted the updated master price file per standard to _____ on _____

Y N I have submitted a list of features & benefits to _____ on _____

Y N I have submitted an MSDS document per standard to _____ on _____

AGREEMENTS

I have read the above and understand that in order for a product to be reviewed, I must provide a complete copy of this form, working samples upon request, approved graphics and a feature/benefit statement. I affirm that all information listed herein (including pricing) is correct and will not change for at least one year.

Supplier Authorized Signature _____ Date: _____