

I. Documents Needed On File From Vendor

- Completed new vendor form with phone, address, website and email.
- Completed W9 form.
- Certificate of liability insurance submitted.

II. Product Requirements – Retail Readiness

- Branding (logo, image) on label must be clear and meet Sevananda's standards in terms of appeal and professionalism. Images must have High Resolution Graphics (300 dpi). Labeling must be clear, readable and appealing. Label must also contain directions for safe use of product, when applicable. Label must be FDA/USDA compliant in all areas, including containing manufacturer/vendor contact information.
- All products must have UPC bar code on label. It must be confirmed that the UPC bar code is scannable.
- Ingredients must be listed on label and must be in line with our product policy. Please refer to our product policy on our website, sev.coop. Product contents must be FDA/USDA compliant.
- Expiration date must be on label of any product that has ingredients that are to be ingested or contain perishable ingredients.
- When needed, vendor must provide display units, signage, posters, flyers, testers at vendor's expense.
- For Fresh/Perishable Items: Please see Sevananda Vendor Quality Control & Grading Checklist, which must be signed and included with this agreement when applicable.

III. Pricing

- Vendor will sell the product to Sevananda at the current prices in effect on their price list, or at the negotiated price.
- All prices, benefits and allowances offered to Sevananda shall not be less favorable than those prices, benefits or allowances extended to any other customers of Vendor.
- Sevananda will not be charged for testers and promotional material.
- Wholesale cost must meet our budget and pricing needs.
- Wholesale/retail margins must meet our requirements.
- Sevananda Management determines retail pricing according to our margin guidelines.
- Cost increases must be approved by Sevananda Management, with 30-day notice on your company letterhead stating reasons for increase.
- Sevananda is sales tax exempt and does not pay sales tax on invoices from vendors.

IV. Purchasing

- Orders for Vendor's product shall be initiated and approved by our Buyer/Management before shipping or delivery.
- There shall be no minimum purchase or inventory commitments required of Sevananda, unless agreed upon and approved by Sevananda management.
- Sevananda management reserves the discretionary right to discontinue products. Factors considered include sales, quality control standards, Sevananda policy guidelines, and other considerations.

V. Payment/Terms

- Invoices will accompany each order/shipment received.
- Payment will be made by our Accounting department in accordance with credit terms established and based on the date of receipt of the shipment (accompanied by the invoice).
- Invoices must have correct invoice numbers, cost breakdowns, and totals.
- Vendor payment terms are Net 30 from the date of when the product was received (accompanied by the invoice).

VI. Deliveries

- Every order delivered or shipped **must be accompanied by an invoice**. Emailing an invoice to the manager of the department is just a backup submittal.
- No CODs
- No deliveries made after 6pm, unless approved by manager.

VII. Vendor Relations Statement

- Sevananda shall not elicit information for which there is no demonstrable necessity.
- Sevananda shall use methods of collecting, reviewing, or storing vendor information that protects against improper access to that information.
- Sevananda shall, where appropriate, encourage long-term relationships.
- Sevananda shall provide a grievance procedure for vendors who believe that they have not been accorded a reasonable interpretation of their protections under this policy.
- **Sevananda vendor relationships are cultivated in the spirit of our cooperative principles and values, our triple bottom line, and our ends policies. (Refer to our website for details.)**

This confirms my agreement with above-stated requirements in reference to the guidelines that govern my partnership with Sevananda as a Vendor. I am signing this as an Authorized Representative/Owner of:

Company Name

Address

Phone #

Company Owner/Representative (Print)

Date

Company Owner/Representative (Sign)

Date

Sevananda Department Manager

Date