



TPS GROUP HOLDINGS, LLC VENDOR SET UP

Date: _____

Buyer: _____

Fields marked with an * are required

1. VENDOR INFORMATION

COMPANY INFORMATION*

Full Company Name: _____ Phone: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____ Website: _____

REMITTANCE INFORMATION*

Factor Company: Yes No
 Payable To: _____ Address: _____
 City: _____ State: _____ Zip: _____ Email: _____

RETURNS & RTV'S

Full Company Name: _____ Address: _____
 City: _____ State: _____ Zip: _____

SHIPPING & DISTRIBUTION*

Facility Name: _____ Address: _____
 City: _____ State: _____ Zip: _____

2. TERMS OF PURCHASE

TERMS & DISCOUNTS*

Net Terms: _____
 1st Trade Discount: % _____
 2nd Trade Discount: % _____
 Early Pay Discount: % _____
 Early Pay Net Terms: _____
 Minimum Order Cost: \$ _____

ACCEPTED FORMS OF PAYMENT* (check all that apply)

Credit Card
 Check
 ACH
 Wire
 Credit Limit (if applicable): \$ _____
 CC Payment Notes: _____

SPECIAL TERMS

Marketing Allowance/Co-op: \$ _____ Notes: _____
 Markdown Allowance: \$ _____ Notes: _____
 New Store Discount: % _____ Notes: _____
 End of Year Rebate: \$ _____ Notes: _____
 Damage Allowance: % _____
 Free Fixtures: _____ Notes: _____



TPS GROUP HOLDINGS, LLC NEW VENDOR SET UP

PRODUCT*

- Vendor product has UPCs
- Vendor will pre-price/ticket
- Ticket cost: \$ _____ per: _____
- Ability to Private Label

BACKORDERS*

- Accepts Backorders - Vendor Pays Freight
- Accepts Backorders - TPS Pays Freight
- Cancel all backorders
- Cancel backorders under \$ _____

FREIGHT TERMS*

- Free Freight
- TPS Responsible for cost & routes freight
- Vendor Prepay & Add (*per PO terms*)
- TPS UPS Account (*per PO terms*)
- Freight cap % _____
- Flat Rate \$ _____ Per _____

SHIPPING CAPABILITIES* (check all that apply)

- Pack by Location – Ship Direct to Store
- Pack by Location – Consolidate Ship to Distribution Center
- Single Location – Ship to Distribution Center

Free Freight Over: \$ _____

Exceptions: _____

Special Terms: _____

3. CONTACT INFORMATION

ACCOUNT MANAGER*

Name: _____
 Phone: _____
 Email: _____

ACCOUNTS PAYABLE*

Name: _____
 Phone: _____
 Email: _____

MARKETING*

Name: _____
 Phone: _____
 Email: _____

ACCOUNTS RECEIVABLE*

Name: _____
 Phone: _____
 Email: _____

SHIPPING & DISTRIBUTION*

Name: _____
 Phone: _____
 Email: _____

CONTROLLER OR TREASURER*

Name: _____
 Phone: _____
 Email: _____

OTHER (specify title)

Name: _____
 Title: _____
 Phone: _____
 Email: _____

OTHER (specify title)

Name: _____
 Title: _____
 Phone: _____
 Email: _____

IMPORTANT NOTE: IF YOU LISTED ACH AND/OR WIRE AS AN ACCEPTED FORM OF PAYMENT, PLEASE SEND THE BANKING INFORMATION IN A SEPERATE ATTACHMENT ON YOUR COMPANY LETTERHEAD