160 Corporate Court
Meriden, CT 06450
Phone (203) 235-5775

Vendor Set Up Form

Please complete information below and email to compliance@bobstores.com. Grey areas to be completed by Bob's Stores
Please email sample invoice to compliance@bobstores.com.

Please select one:	New Vendor		Buyer Name:	
	Existing Vendor		Vendor Number:	

Section A - Vendor Information

Vendor Name:		Phone #:		Line/Label Name:	
Billing Name:			Factor Name:		
Remit to address:			Remit to address:		
Dun's #:					
Customer Service Contact:		Phone #:		Email:	

Section B - Bob's Business Terms

Payment Terms:	Net 60 Days	Discount %		Damage Allowance:	1% Standard
New Store PO Terms:	90 Days	New Store %	Additional 5%		

Section C - Vendor Added Service Information

All orders must be shipped in accordance with the terms and conditions indication on the Bob's Stores Purchase Order and the Bob's Stores Vendor Guidelines. Our guidelines can be found on line a www.bobstores.com/logistics

Please acknowledge you have read the Bob's Stores Vendor Guidelines by completing the following:

Logistics / Compliance Contact:		Phone #:		Email:	
*Signature:		Date:		compliance email (refer to page 3 of Guidelines)	

Section D - Routing Instructions

Ship from zip code

FOB Point is origin unless shipping from one of the consolidation points.
FOB Terms are FOB CONSOLIDATOR if shipping from: East Coast Zip Codes - 07000 - 07900, 08800 - 08900 and 10000 - 11800
West Coast Zip Codes - 90001 - 93100

All shipments must be shipped COLLECT.

Complete traffic guidelines can be found in our on line manual at www.bobstores.com/logistics
If you have any questions not covered in our guidelines, please email: traffic@bobstores.com

Section F - Bob's Stores Disclaimer / Signatures

Bob's Stores reserves the right to cancel merchandise that does not pass our quality standards as rated by our authorized testing laboratory.
Bob's Stores reserves the right to change these terms and conditions without notice.

I, the below signed do hereby agree with the above terms as stated by Bob's Stores.
All terms and conditions of this form must be followed. Changes are not authorized.

*Vendor Signature: **(REQUIRED)**		Date:		Print Name:	
DMM Approval:		Date:			

* email return of this document qualifies as approval signature

Submit