



NEW PRODUCT PROPOSAL FORM

All information on this sheet is vital to our evaluation process. Please check for accuracy prior to sending to Nasco. (Please type or print.)

REQUIRED ATTACHMENTS TO THIS FORM INCLUDE:

- REQUIRED** NAFTA Certificate of Origin document downloadable at: www.eNasco.com/pdfs/NAFTA434F.pdf
- REQUIRED** Material Safety Data Sheet (MSDS) if applicable
- REQUIRED** Copy of your Product Liability Certificate of Insurance naming Nasco as an additional insured via broad-form vendor's liability endorsement
- REQUIRED** Lead, Phthalates, and Choking Hazard forms www.eNasco.com/pdfs/NP170_08.pdf www.eNasco.com/pdfs/NP165_08.pdf
- REQUIRED** Vendor supplied Third Party Certificate of Conformity for each product submitted

Return completed form for **Nasco** and **Triarco** to:

Attn: Kris Bakke Nasco 901 Janesville Avenue Fort Atkinson, WI 53538 Phone: 920-568-5575 FAX: 920-568-5775 E-mail: kbakke@eNasco.com	Attn: Luda Martynova Triarco 2600 Fernbrook Lane, Suite 100 Plymouth, MN 55447 Phone: 763-551-2130 FAX: 763-592-8657 E-mail: luda@triarcoarts.com
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GENERAL ORDERING INFORMATION

Vendor Number: OFFICE USE ONLY _____

Supplier Name: _____

Contact/Representative Name: _____

Address: _____

Address (if different): _____

Phone: _____ FAX: _____

Phone (if different): _____

Order Placement E-mail: _____

FAX (if different): _____

Website Address: _____

E-mail: _____

PRODUCT SHIPPING INFORMATION:

Amount Per Order/Minimum Qty./\$: _____

* Possible shipping or storage hazard. Yes No

Standard shipping method for single unit:

Invoice Terms: _____

Freight Terms: _____

UPS Single Unit Packaging Dimensions:

Order Shipped in _____ days

Shipping Point: _____ Zip/ Postal Code: _____

_____ " L x _____ " W/D x _____ " H

*Material Safety Data Sheet attached. Yes Not applicable

Handling/Crating Charge: _____

Truck Truck Class _____

Will you drop ship? Yes No Lead Time: _____ days

Actual Product Dimensions:

_____ " L x _____ " W/D x _____ " H

PRODUCT INFORMATION

* These are Required Fields. Product will not be accepted until complete.

OFFICE USE ONLY Catalog Number	*Vendor's Part Number	If submitting more than one product, complete the top section of this form, then make additional copies for each product being submitted. *Product Name	OFFICE USE ONLY		*Suggested List	*Single Unit Cost	*Single Unit Shipping Weight	*Minimum Order Quantity
			Page & Position	Sell Price				
				Target Margin				Case Qty.

If art material please check: AP ASTM CL PMA

* Is all required safety labeling included on the product packaging? Yes No

Does product have an expiration date? Yes No

Does product contain latex? Yes No

Will you accept and fill orders from our California office? Yes No

Are digital images available? (300 dpi, 2" x 2" JPEG file) Yes No

Appropriate Grade Level(s): _____

*Country of Origin: _____

For electrical products:

Copyright Date (Books, Videos, DVDs, etc.): _____
UL Approved Yes No

Running Time (Video/DVD): _____
CSA Approved Yes No

Warranty Information: _____
CE Approved Yes No

*ATTACH NAFTA CERTIFICATE OF ORIGIN (download at www.eNasco.com/pdfs/NAFTA434F.pdf)

OFFICE USE ONLY	Qty. Sell:	Qty. Margin:	Section: Class Code:
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Please attach description/product information, catalog copy, and computer software requirements: _____

Name of Person Submitting Data (Please type or print): _____ Date: _____