

# Nasco Vendor Profile/Agreement Form

Celebrating over  
70 years of service  
Established 1941

**Dedicated to Delivery**

Worldwide Service to Education, Health, Agriculture, and Industry

901 Janesville Avenue Fort Atkinson, WI 53538-0901

Phone 920-563-2446 Fax 920-563-8296 Website eNasco.com E-mail info@eNasco.com

Please complete ALL sections of this document. The pricing discounts and allowance programs you participate in, are KEY FACTORS that contribute to help us make a decision on the products that we include in our catalog(s). Vendors that participate will be given top priority. **To submit products for inclusion in our catalogs, a current product liability certificate of insurance that names NASCO as an additional insured via broad-form vendor's liability endorsement must be on file at NASCO. Attach your copy to this document and submit. If you do not have insurance, please explain \_\_\_\_\_ or call Jack Marshall, Director of Purchasing at 920-568-5510.**

Divison Acct. # \_\_\_\_\_

Vendor Name \_\_\_\_\_ Phone Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fed Tax ID \_\_\_\_\_  
 Yes  No

Website Address \_\_\_\_\_ Is NASCO listed on your website as a distributor of your products? (If no, please contact us on how we may participate.)

## Company Contacts

National Sales Manager \_\_\_\_\_ Phone Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Account Representative \_\_\_\_\_ Phone Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Customer Service Representative \_\_\_\_\_ Phone Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Order Placement Address \_\_\_\_\_ Phone Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Order Return Address \_\_\_\_\_ Phone Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Accounts Receivable Contact \_\_\_\_\_ Phone Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Make Payable To: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a small business?  Yes  No If yes, what type?  Small business  Veteran owned  Small disadvantaged business  
 Service disabled  Woman owned small business  HUBZone small business

What is your total purchase order minimum? \$ \_\_\_\_\_ Quantity \_\_\_\_\_ Volume discount levels \_\_\_\_\_

Do you drop ship products?  Yes  No Are there additional charges for drop shipments? \_\_\_\_\_

Do you have products that require a Material Safety Data Sheet (MSDS)?  Yes  No *If yes, an MSDS sheet must be included for each item submitted.*

Do you sell retail?  Yes  No If yes, what market?  Education  Agriculture  Health Care  Other \_\_\_\_\_

Do you sell exclusively wholesale?  Yes  No Are you the manufacturer of your products?  Yes  No If no, who is? \_\_\_\_\_

Can you supply us with item by item country of origin?  Yes  No If no, why not? \_\_\_\_\_

Do you private label your products under your distributor's name?  Yes  No At what cost minimum? \_\_\_\_\_

Do you have a dating program?  Yes  No Please explain your dating program \_\_\_\_\_

What are your payment terms? \_\_\_\_\_ Do you offer discounts for early payment?  Yes  No What discount? \_\_\_\_\_

Do you have a free freight program?  Yes  No If yes, what is the minimum order? \_\_\_\_\_

We have divisions throughout the United States and Canada. Can you ship to all of our facilities?  Yes  No

Each division of our company will order independently. We expect each facility to receive the same discount structure based on the total corporate volume.

Do you comply?  Yes  No If no, why? \_\_\_\_\_

Do you offer a bilingual product line?  Yes  No If yes, what languages? \_\_\_\_\_

**PRICING**

Discounts offered from your published list price \_\_\_\_\_%

Is pricing GUARANTEED for the life of our catalog?  Yes  No

**CATALOG ALLOWANCE**

Our catalog cost per page is \$\_\_\_\_\_. This allowance is important for consideration into our next catalog. Payment (pro-rated by space) is to be made by March 1. After March 1, we will deduct from invoices.

Yes I will participate. My catalog allowance program is \_\_\_\_\_.

**VOLUME REBATES**

Volume rebates are based on prior years sales. Rebates offered will be based on a percentage of total calendar year purchases.

Yes I will pay a \_\_\_\_\_% volume rebate payable by March 1 of the following year, after March 1 deduct from invoice.

**GROWTH REBATE**

Growth rebates are based on a percentage of the increase in purchases from one calendar year to the next calendar year. Payment will be made no later than March 1 of the following year, after March 1 deduct from invoice.

Yes I will participate and pay a \_\_\_\_\_% growth rebate on additional purchases of \_\_\_\_\_.

**CO-OP PROMOTIONAL FUNDING**

NASCO and it's divisions routinely develop sales flyers, brochures, and website advertisements for specific products throughout the year. Vendors that provide co-op funding for these advertisements will receive top priority.

Yes I will participate. Funding available \$\_\_\_\_\_.

**TRADE SHOW SUPPORT**

NASCO and it's divisions exhibit your products at trade shows annually throughout the United States and Canada. Please indicate how you can support this effort.  Funding \$\_\_\_\_\_.  Show samples  Displays  Other: \_\_\_\_\_

**DISCONTINUED PRODUCT RETURNS**

Products that are no longer featured in our catalogs due to poor sales, a manufacturers suggestion, or a production stoppage are considered discontinued items. We require you accept the return of these products for credit or replacement for any non-discontinued product. Your return policy is: \_\_\_\_\_.

**PRODUCT TRAINING**

We work with all of our suppliers to understand the need and use of the products we sell. We ask on occasion, that you provide our personnel with product training. Please indicate how you can support this effort: \_\_\_\_\_.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Return this document to: NASCO, Director of Purchasing  
901 Janesville Avenue, Fort Atkinson, WI 53538-0901 Fax 920-568-5710**