



Product or Vendor/Distributor Consideration Form

INSTRUCTIONS: Do Not Leave Information or Samples at any store location!

Please completely fill out form and attach any pertinent information for consideration. When completed, the form, samples, etc. should be mailed to the following address:

Caraluzzi's Markets - New Items
5 Francis J. Clarke Circle OR **newvendor@caraluzzis.com**
Bethel, CT 06801

Any samples sent will not be returned. Due to the volume of requests we receive please allow up to 6 weeks for the review process. If interested you will be contacted to schedule a meeting. **No phone calls please.**

Thank you for your patience.

Vendor Company Name: _____

Contact Name: _____

Contact Phone: _____

Contact Address: _____

City, State: _____

Contact E-Mail Address: _____

Company Website: _____

(please attach a business card, product sample(s), &/or catalog/order sheet with pricing)

	Product Description	Product UPC	Wholesale Unit Cost	Case Cost	Case Pack	Product SRP
1						
2						
3						
4						
5						
6						
7						
8						

+ (attach listing if more than 8)

HOW DISTRIBUTED:	(please check one)	Distributor Names/ Method of distribution
Wholesaler(s) & please list:	<input type="checkbox"/>	
Direct Store Delivery & method	<input type="checkbox"/>	

Vendor Comments:

For Internal Use Only

Date Received: Y N

Approved _____

Approved By: _____