

New Vendor Product Questionnaire



Please fill out this form if you are presenting a new product to Walgreens for store resale

Company Info:

Company: _____	Established Date: ___ / ___ / ___
Address: _____	Tax ID #: _____
City/St/Zip: _____	Duns & Bradstreet Listing #: _____
Telephone: () - _____	Are you a member of Uniform Product Council: Yes No
Fax : () - _____	UPC Membership No: _____
Sales Contact: _____	# of Employees: _____ # of Minority Employees: _____
Title: _____	Are you a World Wide Retail Exchange member: Yes No
Email Address: _____	Do you use EDI: Yes No
	If yes, please check: PO ASN Invoice Payment
	EDI Comments: _____

Company Background:

Type (check all that apply):	Ownership (please check):	Classification:
Represented by Broker: Yes No	Sole Proprietor: Yes No	Male Owned %:
Manufacturer: Yes No	Corporation: Yes No	Female Owned %:
Distributor: Yes No	Partnership: Yes No	
Service Provider: Yes No	Owned: Publicly Privately	

Please indicate the ethnic origin of your company's ownership:

Who is your sales representative? _____

Is your company certified as a Woman Owned business? Yes No

Is your company certified as a Minority Owned business? Yes No If Yes, please specify: _____

Caucasian/White _____	Native Hawaiian _____	Pacific Islander _____
Black/African American _____	American Indian _____	Hispanic/Latino _____
Asian _____	Native Alaskan _____	
Other: Please Specify _____		

Do you certify that the next 3 statements are all true: Yes No

- * Forced labor, or illegal child labor is not, and will not be, used in the manufacturing of your products
- * OSHA standards are met in your plants
- * Your company is in compliance with EPA regulations

Company Sales Volume:	\$ Volume (in 1000s)	Net Income	Total Debt & Payables	# of Clients
Last Year 20 _____				
Previous Year 20 _____				
Previous Year 20 _____				

Please provide the names and addresses of all factories used in the manufacturing of your products. (attach additional paper, if necessary)

Plant/Office Site	Location:	Square Footage:

Geographic Shipping Range

Please choose one: National Regional Local

If regional/local, please indicate service areas by city and state: _____

What is your target division: Walgreen stores Walgreens.com

Have you shopped at Walgreen's stores: Yes No

Marketing/Promotional Budget:

This Year: _____
Next Year: _____
Last Year: _____
Previous Year: _____
Previous Year: _____

Products:

Patent Issued: Yes No
Patent Applied For: Yes No

New Product Information:

Please describe your product: _____

Where is your product made: %USA: _____ %Offshore: _____ Last Year's Sales Units: _____

How long has it been on the market: _____ Last Year's Sales Dollars: _____

Brand Name(s): _____

List all direct competitive products: _____

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Product Safety/Regulations/Insurance:

Are there any safety issues associated with your product:	Yes	No	(If yes, please attach explanation)
Does your company have liability insurance:	Yes	No	
Insurance Company: _____	Amount: _____		
What is the current product capacity and the percentage of production capacity you are currently running: _____			
Are you a private label manufacturer: Yes No			
Will we, or our agent be allowed to inspect your factories: Yes No			
If No, please explain: _____			

Please list your company's top 5 current accounts:

	Name:	Address:	Volume (in Units):
1			
2			
3			
4			
5			

Non-Walgreen Business References (ex: financial institutions, other retailers, etc):

Corporation Name	Address	Contact	Phone

Walgreen References (ie. Category Managers):

Name	Title	Address	Phone

*I certify that the information supplied on this form is true and correct.
I will advise Walgreen Co. if any information supplied should change.*

Company: _____	Date: _____
Certified By: _____	
Print Name: _____	Title: _____

Thank you for your cooperation in completing this questionnaire. We appreciate your interest and will contact you after we have reviewed your proposal packet. All information supplied to us will be kept confidential. Please return this completed questionnaire, along with a copy of your certificate of product liability and three non-returnable samples of your products to the address below. Please do not submit this questionnaire separately.

Please send proposal packet to:

Walgreen Company
200 Wilmot Road MS#:
Deerfield, IL 60015
Attn: Category Manager: