



# New Vendor Form

VENDOR INSTRUCTIONS Please complete all items below except the dark grey box. Once completed, please mail this form along with a sample of your product in packaging to the following address:

Cotton Babies, Inc.  
Attn: New Product Buyer  
6116 Baumgartner Crossing  
St. Louis, MO 63129

## OFFICE USE ONLY

Buyer: Do you recommend this product? Why? Yes No

Approval: Why? Yes No

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Product Name: \_\_\_\_\_

Description: \_\_\_\_\_

Why should we sell your product?

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Please list all vendors currently retailing this item:

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Federal Tax Id #

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Are you incorporated?

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Payment terms:

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How do you ship?

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Defective Policy:

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Retail price on your website:

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Preferred Wholesale Ordering Method:

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MSRP:

---

Retail Price Maintenance Policy:

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Ongoing Discount:

Yes  
(circle one)

No

(circle one)

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Discount:

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Margin:

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Price List Enclosed?

Yes  
(circle one)

No

(circle one)

Do you provide instructions?

Yes  
(circle one)

No

(circle one)

Proof of Liability Insurance:

Yes  
(circle one)

No

(circle one)

Sample Included:

Yes  
(circle one)

No

(circle one)