



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
5167 Lemay Ferry Road
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: _____

5167 Lemay Ferry Road, St. Louis, MO 63129,

www.cottonbabies.com - Phone: 888-332-2243 - FAX: 314-584-2121

Why should we sell your product?

Please list all vendors currently retailing this item:

Federal Tax Id #

Are you incorporated?

Payment terms:

How do you ship?

Defective Policy:

Retail price on your website:

Preferred Wholesale Ordering Method:

MSRP:

Retail Price Maintenance Policy:

Ongoing Discount:

Yes
(circle one)

No

(circle one)

Discount:

Margin:

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)