



## Vendor Services Form

**INSTRUCTIONS:** 1) complete all sections. 2) return to your Buyer's attention. If you have any questions, please contact your buyer or any one of the 3 contacts listed at the bottom of page 2.

<b>I. General Vendor Information</b>	
Vendor Name:	Brand Name(s):
Vendor DUNS#:	

<b>II. Floor Ready Merchandise</b>		
Merchandise packaging complies with Bealls Unnecessary Materials Guidelines as stated in Bealls Vendor Partnership Guide, section IV "Packing and Marking Requirements" <input type="checkbox"/> Yes <input type="checkbox"/> No, due to _____		
<b>Labeling/Ticketing</b> (check one that applies)		
<input type="checkbox"/> vendor-produced UPC-A barcode label/ticket with vendor-assigned UPC & Bealls retail (requires Bealls certification)		
<input type="checkbox"/> vendor-produced UPC-A barcode label/ticket with vendor-assigned UPC & MSRP (requires Bealls certification)		
<input type="checkbox"/> vendor-produced UPC-A barcode label/ticket with vendor-assigned UPC but no retail (requires Bealls certification)		
<input type="checkbox"/> vendor-produced UPC-A barcode label/ticket with Bealls-assigned UPC (requires Bealls certification) & Bealls retail		
<input type="checkbox"/> 3 <sup>rd</sup> party-supplied barcode label/ticket with Bealls-assigned UPC (requires Bealls certification) & Bealls retail		
<b>Apparel</b>	<b>Shoes</b> (check all that apply)	<b>Hardlines</b> (check all that apply)
VICs approved Hanger <input type="checkbox"/> Yes <input type="checkbox"/> No, due to _____	Buyer approved Hanger <input type="checkbox"/> Yes <input type="checkbox"/> No	Individually wrapped / boxed <input type="checkbox"/> Yes <input type="checkbox"/> No
Bundled / rubber band assorted SKUs <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoe Sketch on shoebox label <input type="checkbox"/> Yes <input type="checkbox"/> No	Units separated by cardboard/foam <input type="checkbox"/> Yes <input type="checkbox"/> No
Folded per Bealls requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	Fixture <input type="checkbox"/> Yes <input type="checkbox"/> No	Nested SKUs <input type="checkbox"/> Yes <input type="checkbox"/> No
Size Wrap/Strip/Sticker <input type="checkbox"/> Yes <input type="checkbox"/> No		Fixture <input type="checkbox"/> Yes <input type="checkbox"/> No
Fixture <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>III. EDI</b>		
Currently exchange EDI with other retail trading partners <input type="checkbox"/> Yes <input type="checkbox"/> No	Version 4010 / 4030 <input type="checkbox"/> Yes <input type="checkbox"/> No, version _____	Send and Receive 997 (FA) <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive 850 (PO) BK type <input type="checkbox"/> Yes <input type="checkbox"/> No RL type <input type="checkbox"/> Yes <input type="checkbox"/> No lead time in days: _____ SA type <input type="checkbox"/> Yes <input type="checkbox"/> No UOM in PO103: EA <input type="checkbox"/> Yes <input type="checkbox"/> No CA <input type="checkbox"/> Yes <input type="checkbox"/> No SLN (quantity per case by UPC) <input type="checkbox"/> Yes <input type="checkbox"/> No	Send 856 (ASN), Pick/Pack Structure <input type="checkbox"/> Yes <input type="checkbox"/> No Unique UCC128 in each/every Pack Level MAN <input type="checkbox"/> Yes <input type="checkbox"/> No Carton content by UPC <input type="checkbox"/> Yes <input type="checkbox"/> No	Send 810 (Invoice) by store <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive 852 (POS) <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive 855 (Reverse PO) <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

<b>IV. Carton Packing</b> (check all that apply)
<input type="checkbox"/> Bulk, one SKU per carton
<input type="checkbox"/> Case-pack, 1 style/color/multiple sizes per carton
<input type="checkbox"/> Case-pack, 1 style/color/multiple sizes per inner packs in a master carton
<input type="checkbox"/> Pack-by/Mark-for Store, pre-defined store assortments to be packed and marked for store in the least number of cartons per store (requires Bealls EDI certification)



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<b>V. Shipping Points</b> (list each location and check appropriate FOB. If more than 2, attach separately)	
1. City/State/Zip:	FOB: <input type="checkbox"/> Origin <input type="checkbox"/> Consolidator <input type="checkbox"/> Destination
2. City/State/Zip:	FOB: <input type="checkbox"/> Origin <input type="checkbox"/> Consolidator <input type="checkbox"/> Destination

<b>VI. Freight Terms</b>		
Who pays freight? <input type="checkbox"/> Vendor <input type="checkbox"/> Bealls <input type="checkbox"/> Both	Vendor:           %	Bealls:           %

<b>VII. Authorization</b>	
<b>Completed By:</b>	<b>Title:</b>
<b>Date Completed</b> (m/d/yy):           /           /	<b>Buyer's Name:</b>

**Bealls Department Stores MSC Contacts**

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