

# 2020 NATS Vendor Proposal



**Vendor Name:** \_\_\_\_\_ **Main Contact:** \_\_\_\_\_  
**Program Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Product Line:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Second Contact:** \_\_\_\_\_  
**Vendor Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Website:** \_\_\_\_\_ **Accounts Payable Contact:** \_\_\_\_\_  
**Main Contact Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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1) **FREIGHT PREPAID POLICY:** \_\_\_\_\_ lbs (or) \_\_\_\_\_ Dollars  
Drop Shipments: NO YES If YES, any minimum, or charge? \_\_\_\_\_  
Minimum Order: Tools: \_\_\_\_\_ Parts: \_\_\_\_\_  
Handling Fee: \_\_\_\_\_

2) **PAYMENT TERMS:** \_\_\_\_\_ Extended Dating? YES NO  
(NET, DAYS, AND/OR PROX) (SEE BELOW)

**VOLUME ORDER DISCOUNTS OR EXTENDED DATING:** Example: (\$5,000+ = 2%, 30-60-90)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3) **PUBLISHED STANDARD DISCOUNTS:**

**\*\* ALL NATS PRICE SHEETS MUST BE IN EXCEL FORMAT WITH AN ASSIGNED "NATS PRICE" COLUMN \*\***

List To Dealer: \_\_\_\_\_ Details: \_\_\_\_\_  
User To Jobber: \_\_\_\_\_  
Jobber To W/D: \_\_\_\_\_

4) **PRICE CHANGES:** Effective Date Of Current Group Pricing: \_\_\_\_\_  
Advance Notification Of Price Changes: 60 Days 90 Days 120 Days

6) **OTHER GROUP DISCOUNTS:**

Ongoing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) **WARRANTY POLICY:**

Period Of Time: \_\_\_\_\_  
Reimbursement: \_\_\_\_\_  
Procedure: \_\_\_\_\_  
\_\_\_\_\_  
Credit Policy: \_\_\_\_\_

8) **STOCK ADJUSTMENT:**

% Of Sales: \_\_\_\_\_ Offset Order: \_\_\_\_\_ Handling Fee: \_\_\_\_\_

**\*\*THESE FUNDS ARE TO BE PAID DIRECTLY FROM THE VENDOR TO MEMBER\*\***

9) **MARKET DEVELOPMENT FUNDS:** (ie. Trade Shows, Marketing Materials, etc.)

MDF Funds:    YES    NO

Details: \_\_\_\_\_  
\_\_\_\_\_

10) **INDIVIDUAL MEMBER CO-OP/ADVERTISING ALLOWANCE:** (ie. Individual Catalogs/Flyers)

W/D Program \_\_\_\_\_ % Of Accrual Based On: \_\_\_\_\_

Explain Advertising Program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Is The Claim Procedure? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



14) **NATS QUARTERLY FLYER PROGRAM:**

This program is a unique sales tool to help NATS members advertise select manufacturers and their product line. Flyer items are selected and agreed upon the members and manufacturers. We encourage all participating vendors to offer special pricing on new or popular items to help drive sales. To view a sample flyer, please contact Michelle.

Are you interested in participating in this flyer?    YES    NO  
Flyer Ad Fee; \$650.00 for a full page ad or \$350.00 for a half page ad

**Have a unique idea for a promotion?**

NATS members are always interested in closeouts or group buys on select items, and group volume purchases. Interested in a four or eight page flyer dedicated strictly to your product line?  
Feel free to call or email us to discuss these opportunities further.

15) **HEADQUARTERS ALLOWANCE:** (% or \$ Amount) \_\_\_\_\_

Paid:    Quarterly (preferred)    Annually

This fee helps NATS headquarters operate and enables us to administer your program efficiently.

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Upon submitting this form, please enclose all relative program information and send to [michelle@natsonline.org](mailto:michelle@natsonline.org) or [sandor@natsonline.org](mailto:sandor@natsonline.org). All participating vendors' agree to notify NATS headquarters of current price sheets, price updates, quarterly sales figures, promotions, new products, terms and conditions, warranty, and policies.

\*\*This proposal shall become a legal contract when signed and accepted by both the vendor and an authorized NATS representative. This contract will remain in effect for the calendar year listed on the top of page one. Any changes or revisions must be accepted and approved by both parties and confirmed with a new proposal form.

\_\_\_\_\_  
Factory Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
NATS Authorized Representative

\_\_\_\_\_  
Date

**WE VALUE YOUR PARTNERSHIP**

