

NATS Vendor Proposal Form

Year: 2016

Vendor Name: Plews Inc. NATS Contact: John Liuzzi
Program Date: 1-1-16>>12-31-16 Contact Address: 1525 Dogwood Dr
Product Line: Plews,TF, Camel Amflo, LM ULTRALUBE City, State, Zip: Crystal Lake IL 60014
Phone Number: Cust SVS 8007704639 Phone: 8153567939 Fax#:
Fax Number: Cust SVC, ORDERS 8152883388 E-mail: Jliuzzi@plews.com
Address: 1550 Franklin Grove Rd Accounts Payable Contact: Mellisa Miller
City/State/Zip: Dixon IL 61021 Phone: 8152859467 Fax #: 8152853365
Website: Plews.com Email: mmiller@plews.com

1) FREIGHT PREPAID POLICY: lbs (or) 1200 full cases Dollars
Drop Shipments: [] NO [X] YES If YES, any minimum, or charge? \$1200 in full cases

2) PAYMENT TERMS: 2%15 net 30 Extended Dating? [X] NO [] YES

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

3) PUBLISHED STANDARD DISCOUNTS: Explanation: see other attachments
List To Dealer:
User To Jobber:
Jobber To W/D:

PRICING IN EXCEL FORMAT

4) OTHER GROUP DISCOUNTS:
Ongoing:



The Association Of North American Tool Suppliers
809 East 42nd Street, Brooklyn, NY 11210
p. 718.434.6287 / f. 718.434.4185
www.natsonline.org / sandor@natsonline.org



5) **PRICE CHANGES:** Effective Date Of Current Group Pricing: _____

Advance Notification Of Price Changes: 60 Days 90 Days 120 Days

6) **MINIMUM ORDER SIZE OR INVOICE POLICY:**

Minimum Order: Tools: \$200 in full case lots Parts: 200 in full case lots

Handling Fee: buyer pays freight

7) **WARRANTY POLICY:** see attached

Period Of Time: _____

Reimbursement: _____

Procedure: _____

Credit Policy: _____

8) **STOCK ADJUSTMENT:**

% Of Sales: 4% Offset Order: equal to or larger than Handling Fee: 15% if applicable

9) **INDIVIDUAL MEMBER ADVERTISING ALLOWANCE:**

W/D Program 1 % Of Accrual Based On: previous years purchases with proof of performance

Explain Advertising Program:

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

What Is The Claim Procedure? (Be Specific)

submit claim with proof to echesley@plews.com

or Mail to Erin Chesley Plews 1550 Franklin Grove Rd Dixon IL 60014



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10) **GROUP REBATE:**

An annual rebate can be earned on the GROUP's annual net purchases based on the following:

Annual Purchases OR % Of Increase

% Of Rebate

n/a

****PAID TO NATS HEADQUARTERS AND DISTRIBUTED TO THE MEMBERS****

11) **INDIVIDUAL REBATE:**

Individual member rebate earned on growth over the previous year based on the following:

% Of Growth

% Of Rebate

n/a

PAID TO: Headquarters For Distribution Directly By Vendor To Member

12) **"NATS" QUARTERLY FLYER PROGRAM:**

The "NATS" flyer is produced four (4) times a year. It is used to highlight specific manufacturers and specific products. The products are agreed upon by the members and the manufacturers.

The flyer is used by members and customized to their business.

-Is your factory interested in participating in this flyer? The cost is \$500.00 per page or part thereof:

YES NO

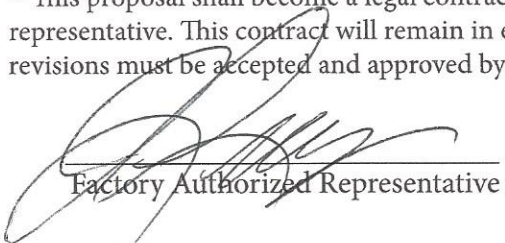
-Will you offer special pricing on the flyer items for the three (3) month period this flyer is in effect?

YES NO

13) **HEADQUARTERS ALLOWANCE:** (% or \$ Amount) 2%

Paid: Quarterly (preferred) Annually

**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 (1). Any changes or revisions must be accepted and approved by both parties and confirmed with a new proposal form.


Factory Authorized Representative

11-17-15
Date

NATS Representative

Date



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