GROCERY SUPPLY COMPANY
Vendor Contact Request Form

Request for Program Add or Transfer - please check one:

☐ New Grocery Supply Customer ☐ Existing Grocery Supply Customer

Vendor Contact Request

- Please check each vendor with either an **"A"** or a **"T"** that needs to contact the retailer:
- A = Add program
- T = Transfer program from previous wholesaler as of date _____
- If transfer, please list previous supplier _____

☐ ALTRIA
- _ Helix/ON Nicotine Pouches
- _____ John Middleton
- _____ Nat Sherman
- _____ Philip Morris
- _____ US Tobacco (Skoal, Copenhagen, Red Seal)

☐ GOODTIMES TOBACCO

☐ HERSHEY

☐ ITG BRANDS
- _ Altadis (Backwoods, Dutch, Phillies)
- _ Fontem Blu E-Cig
- _ Kools
- _____ Salem
- _____ Winstons

☐ JUUL VAPOR

☐ LIGGETT VECTOR BRANDS

☐ MARS/WRIGLEY

☐ NATIONAL TOBACCO CO.

☐ REPUBLIC TOBACCO

☐ RJ REYNOLDS
- _ _ American Spirits
- _____ American Snuff (Grizzly)
- _____ Camel
- _____ Camel Snus
- _____ Newport
- _____ Pall Mall
- _____ Revel Nicotine Lozenges
- _____ Velo- Nicotine Pouches
- _____ Vuse-Vapor

☐ SWEDISH MATCH
- _ _ Game
- _____ General Snus
- _____ Longhorn
- _____ Redman
- _____ Timber Wolf
- _____ White Owl
- _____ Zyn

☐ SWISHER
- _ _ Kayak
- _ _ Leap Vapor
- _ _ Swisher Cigars

☐ Everything Tobacco Seneca Filter Cigars

CONTINUE ON NEXT PAGE

Please provide a brief description of your request:

_____

_____

***Note:** GSC will pass your request and information on to the vendor. It is the vendor's responsibility to set the program up with the account. Please allow up to 60 days from the date of request for this action to be initiated.
Please email this form to Leslie Eppars at lceppars@grocerysupply.com

CUSTOMER # REQUIRED _____ STORE NAME _____

MAILING ADDRESS _____

CONTACT NAME _____ STORE PHONE NUMBER _____ OTHER PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____ DATE _____

EMAIL ADDRESS _____

AUTHORIZED SIGNATURE _____ PRINTED SIGNATURE _____

GROCERY SUPPLY REPRESENTATIVE NUMBER / NAME _____ _____