PROMOTIONAL OFFER FORM

Grocery Supply Company

Date Submitted _____ Date Revised _____

CATEGORY MANAGER: _____ **DATE:** _____

SALESMAN OR BROKER: _____ **MANUFACTURER:** _____

List one item (except codes which complete various types.)

GSC ITEM NUMBER	PACK/ SIZE	PRODUCT DESCRIPTION	CASE UPC	REG COST	SUGG. RETAIL	OFF INVOICE	WHOLESALE BILLBACK

TERMS

_____%_____**DAYS/NET**_____**DAYS**

Performance Requirements

Check minimum performance

___**Advantage Only**

___**MarketPulse Only**

___**Reduce Retail**

___**Display**

___**Survey**

___**None**

___**Other** _____

Performance Period: _____

This promotion is offered to all competition on proportionally equal terms.

_____

Vendor/Representative Signature Date

BUY DATES:
from: _____ **to:** _____
SHIP DATES:
from: _____ **to:** _____

FOR OFFICE USE ONLY

ATTN: AUDITOR

These funds are Marketing Fund Monies and are exempt from the 60 days notice requirement. A deduction will not be allowed. _____ **Date:** _____

GSC Category Manager Signature

PRINT