



**Supplier Information Sheet
as part of Supplier Buying Agreement
Between Supplier and HD Supply**

REQUIRED DOCUMENTS

FREIGHT TERMS

Shipping Method: _____ Term of Sale: _____
Notes: _____

SUPPLIER DELIVERY LEAD TIME

Please list, in working days, the amount of time it takes between the placing of an order and the receipt of the goods ordered:

SUPPLIER MINIMUMS

Does your company have a minimum order that must be met on a purchase order?
If yes, is the minimum based on dollars, units or both?
If in dollars, list the minimum dollar amount:
If in units, specify the unit of measure:
Does your company have a prepaid minimum amount?
If yes, is the prepaid minimum in dollars or units or both?
If in dollars, is the prepaid minimum the same as the order minimum?
If no, list the dollar amount:
If in units, specify the units of measure:

SHIP FROM INFORMATION

If shipping from more than one shipping location, attach a separate sheet identifying all shipping addresses.

Mailing Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____ Country: _____

DEFECTIVE PRODUCTS RETURN POLICY

Return Applies to: _____
Notes: _____

RETURN METHOD

Method:
Destroy* less than (units preferred) otherwise Supplier Collect (dollar values are based on product cost to HDSSS)
Select one of the options below. An account number must be provided for Parcel Collect:

If Other, Please Specify:
*Products deemed a hazardous material (having MSDS) will not be field destroyed. These items must be picked up by the Supplier.
**HDSSS will hold for 7 days maximum and will deduct value from Supplier Invoice.
***Requires an HDS approved Common Carrier selection or a Parcel Post Account Number or the Return Method selected will default to Prepaid with a 12% Shipping and Processing Fee. Product will be sent back Parcel or Common Carrier, based on weight.



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COLLECTION METHOD (Allowance Method)

Collection Method: _____ OR Defective Allowance: _____ %

RETURN AUTHORIZATION

Is an RGA Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, there will be a 5% processing fee unless a blanket RGA is provided*
Supplier's RGA Format: _____	Blanket RGA Authorization: _____
Contact Name: _____	E-Mail Address: _____
Contact Title: _____	Telephone Number: _____
	Fax Number: _____

STANDARD RETURNS POLICY

HDSSS shall have the option to return any ordered goods at any time, provided that in the event of any return, HDSSS shall be responsible for return freight charges, and any such return shall not be limited by value, volume or otherwise.

NEW PRODUCTS RETURN POLICY

Within thirty (30) days of the end of a hundred and eighty (180) day trial period which begins with the date of receipt of the initial order for a product not previously stocked at each of HDS' locations, at their option, may return any on-hand quantity of such product without incurring any restocking charge, administrative charge, processing fee or any liability of any kind. HDS shall be responsible for return freight charges, and any such return shall not be limited by value, volume, or otherwise.

OTHER POLICIES

Policies: _____

ELECTRONIC TRADING TECHNOLOGY

If Yes, please check all that apply:

<input type="checkbox"/> 850 PO	<input type="checkbox"/> 855 PO Acknowledgement
<input type="checkbox"/> 844/845/849 SPA	<input type="checkbox"/> 856 ASN
<input type="checkbox"/> 810 Invoice	<input type="checkbox"/> 860 Change Order

Is your company ACH (Automated Clearing House) Network and VMI (Vendor Managed Inventory) Capable? Yes No

Please list your Electronic Trading Contact:

Contact Name: _____	E-Mail Address: _____
Contact Title: _____	Telephone Number: _____
	Fax Number: _____



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SUPPLIER REBATE INFORMATION

Program Effective Date: _____ Program End Date: _____

If other, please specify: _____

Collection Method: _____

Collection Frequency: _____

If other, please specify: _____

Calculation Basis: _____

Gross or Net: _____

Gross Purchases (total of all purchases less trade discounts, new store/location discounts and returns, based on HDS fiscal month end dates) before any cash discounts, prepaid freight, displays and previous marketing and rebate commitments.

Net Purchases (Gross purchases as defined above, less defective returns)

Details of Purchase

All Purchases (import & domestic) by all HDS North American divisions, affiliates and subsidiaries (default - as used herein, "North America" means the U.S., Canada, Mexico, Puerto Rico and the U.S. Virgin Islands)

Define Merchandise inclusion/exclusion (list specific details – affix a separate sheet if necessary)

Volume Graduated Program* (list scale):

On Purchases From:

	To		
	To		
	To		
	To		
	To		
	To		

FIXED DOLLAR AMOUNT COMMITMENT

Fixed Dollar Amount: _____

INDIVIDUAL SUPPLIER PRODUCT LINE REBATE

Product Line Graduated Program* (list scale):

If the Rebate is not graduated, please explain why:

On Purchases From:

On Purchases From:

	To		
	To		
	To		
	To		

Commitment: _____



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OTHER SUPPLIER ALLOWANCES

Please use this page to document all allowances that have NOT been documented on the previous page. Check all that apply and provide details in the space provided. Include in the details the terms included, calculation basis, collection method, frequency, timeframe and/or other details that apply. As with the previous page, anything besides Gross or Net, or Calendar Year will require an HDSSS Sourcing Director's signature or that of a more senior HDSSS employee.

Freight Allowance:	Allowance
	Description:
Truckload Allowance:	Allowance
	Description:
Display Allowance:	Allowance
	Description:
EDI Allowance:	Allowance
	Description:
Early Buy Allowance:	Allowance
	Description:
Warehouse Allowance:	Allowance
	Description:
New Item/Replacement:	Allowance
	Description:
Promotional Allowance	Allowance
	Description:
Co-op/Marketing Allowance	Allowance
	Description:
*New Store/Remodel or location	Allowance
	Description:
Literature	Allowance
	Description:
In-Store Service	Allowance
	Description:
Merchandising P.O.P. Sales	Allowance
	Description:
Product Knowledge Training	Allowance
	Description:
Other	Allowance
	Description:
Allowance Notes:	

ADDITIONAL NOTES

Use this section to list additional terms, notes and/or requirements not covered in the preceding sections:



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SUPPLIER ACKNOWLEDGEMENT

Supplier acknowledges that HDSSS is authorized to collect all funds paid via (HDSSS) debit memo or (Supplier) credit memo by deducting such funds from any payment to Supplier. This deduction authorization is valid for all payment forms, including but not limited to, Check, Electronic Funds Transfer (EFT), Letter of Credit, or Authority-to-Pay. If there is no amount due Supplier or if the amounts due Supplier are lower than the funds due HDSSS, the Supplier shall pay HDSSS the amount due within 30 days of receipt of notification by HDSSS.

Funds that are to be remitted to HDSSS via check, credit memo or wire transfer will be paid in the lawful currency of the United States of America no later than the date of such funds. If payment is not received within 30 days, HDSSS is authorized to collect all funds due by deducting such funds from any payment to Supplier. This deduction authorization is valid for all payment forms, including, but not limited to, Check, Electronic Funds Transfer (EFT), Letter of Credit, or Authority-to-Pay. If adequate funds are not available to affect the deduction, Supplier will be responsible for payment of funds due.

In the event an earlier agreement between the parties pertaining to the subject matter hereof exists, and is currently in effect, to the extent any rebates, payment terms, discounts, allowances or other similar provisions are more favorable to HDSSS (as determined by HDSSS in its sole and absolute discretion) under the earlier agreement than under this Information Sheet (and related SBA), the provisions under the earlier agreement shall control unless the parties hereto have expressly identified such provisions and agreed in writing that such identified provisions are null and void and of no further force or effect.

BY SIGNING BELOW, SUPPLIER REPRESENTS THAT IT HAS READ, UNDERSTANDS AND AGREES THAT ALL DOCUMENTS OF THE SBA DEFINED IN THE INTRODUCTORY PARAGRAPH ABOVE ARE INCORPORATED BY REFERENCE INTO ALL PURCHASE ORDERS.

IN WITNESS WHEREOF, the parties have executed this Supplier Information Sheet as of this____, which constitutes the effective date of the Supplier Buying Agreement between the parties.

HD SUPPLY SUPPORT SERVICES, INC.

SUPPLIER:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Email Address: _____

Title: _____

Title: _____

Date: _____

Date: _____