

CVS New Supplier Information Form Instructions

Supplier to complete ALL White Fields on actual CVS New Supplier Information Form.
CVS to complete ALL Gray Fields on actual CVS New Supplier Information Form.

Purpose:	To establish a new Supplier number. Supplier #'s are Category Manager specific.
Form Locations:	The form can be accessed <ul style="list-style-type: none"> • On-line from the forms directory on the common drive. The form name is g:\Common\Forms\CVS New Supplier Information Form • On-line on the EDI website www.cvssuppliers.com • Or hard copy at the Security desk in the Store Support Center
Supplier #:	Generated systemically on-line at time of set up. Manually entered on form.
Remit Supplier #:	CM/AP enters this number when there are multiple PO Supplier numbers and a central payment Supplier.
Choose One: <i>DSD Supplier</i> <i>Import Supplier</i> <i>Warehouse Supplier</i> <i>Expense Supplier</i>	<i>Indicates the type of Supplier</i>

Section 1

Remit Address: <i>Supplier Name</i> <i>DBA</i> <i>Address 1</i> <i>Address 2</i> <i>City/State</i> <i>Zip</i> <i>Country</i>	Payable address <ul style="list-style-type: none"> • Company name • If different from Supplier name, the name the Supplier is Doing Business As • Street address where payment is sent • Additional street info or PO box where payment is sent • City, state where payment is sent • Zip code where payment is sent • Country, if other than USA
PO Address: <i>Name</i> <i>Street</i> <i>City/State</i> <i>Zip</i> <i>Sales Rep</i> <i>AP Phone #</i> <i>Corporate Phone</i>	Purchase orders are sent to this address <ul style="list-style-type: none"> • Name where PO is sent • Street address where PO is sent • City/state where PO is sent • Zip code where PO is sent • Person to contact about account • Contact number for collection purposes • Contact number to reconcile account
Category Manager Code:	1 numeric or alpha digit code for the Category Manager
FMM Code:	3 numeric digit for the Field Marketing Manager
FOB/FFA/Prepaid:	How merchandise will be shipped to warehouse-freight or transportation charge. 1 numeric digit code <ul style="list-style-type: none"> • 1 = FOB (Free on Board) • 2 = FFA (Full Freight Allowance) • 3 = Prepaid
Co-Op Ad Code:	CM to negotiate w/Supplier 1 numeric digit code <ul style="list-style-type: none"> • 1 = Advertising in any warehouse fulfills advertising requirements in all warehouse. • 2 = Each warehouse is required to advertise on initial buy made for that

	warehouse.
	<ul style="list-style-type: none"> • 3 = Advertising is required for all buys made by a warehouse. • 4 = Advertising in one or more specific warehouse fulfills requirement in all warehouses. • 5 = Advertising subject to certain exceptions. • 9 = Supplier does not offer co-op advertising allowance.
Order Multiple:	The multiple at which orders will be created <ul style="list-style-type: none"> • C = Cases • D = Dozens • P = Pieces
Minimum Units:	Minimum order quantity .
Minimum Units Multiple:	What minimum units are multiplied by <ul style="list-style-type: none"> • C = Case • Z = Dozens • P = Pieces • L = Pounds
Minimum Dollars:	Minimum \$ amount that supplier will ship per PO.
Pay Terms:	Payment terms. Ex. Net 30 days is entered as a 2 digit field (30). Up to 5 fields.
Damage Disposition Code:	2 digit alpha code <ul style="list-style-type: none"> • DO = Donate • VP = Supplier Pickup • SV = Supplier Return • SI = Dispose
Damage Payment Type:	1 digit alpha code <ul style="list-style-type: none"> • C = Supplier sends check to CVS • W = Writeoff: CVS absorbs the cost of damages, or Supplier pays off-invoice allowance • D = CVS deducts Damage from the next payment to Supplier
DSD/Expense Supplier Only	
Pay Group:	AP enters this for payment criteria.
Tax ID #:	Company's tax identification number. AP uses for taxable entities
Employee Y/N:	Suppliers/Expense/Supplies = N, CVS Employee Payment = Y. AP uses to identify payments for Travel & Entertainment reports.
	Section 1 (End)
Section 2	
Seasonal	Check box if seasonal merchandise only.
Product Description	General description of product.
Credit Application Attached	Attach credit application if supplied.
Certificate of Liability Attached	Attach Certificate of Liability if supplied.
	Section 2 (End)
Section 3 a	
Does Supplier provide bracket pricing? Y/N	Yes, if supplier provides different cost based on quantity/volume.
All Store Suppliers Y/N	Yes, if supplying all stores.
Does Supplier pay freight Y/N	Yes, if supplier pays freight charges. CM assigns type.
Drop ship	Warehouse product being delivered direct to the stores by the supplier or other third party.

Detail or Summary Supplier	CM assigns type.
Gross Margin %	Average GM of product.
CVS Corp 1s	CVS assigned Unique supplier identifier - 4 digits - all numeric located on all checks from CVS.
Account Mgr & Contact Info	General Contact for CVS.
AR Mgr & Contact Info	Payment contact for CVS.
CVS Merchant Contact Name	Supplier's main contact.
UPC on product?	UPCs need to be on all product.
Cost of product vary by CVS store location?	Informational purposes.
Send EDI 810 transmissions to CVS?	Informational purposes.
Internet access?	Suppliers with internet access will utilize the CVS Supplier Portal to submit cost changes or research invoice cost discrepancies and therefore must submit a Security Authorization Form.
Present for delivery during normal business hours?	Informational purposes.
Do you use DEX (Direct Exchange) technology with other retailers?	Suppliers indicating that they have DEX technology must be present at delivery and possess a handheld unit that is utilized to electronically transmit invoice data, at time of delivery. All DEX suppliers are required to supply their Comm ID and DUNS #, a unique 9- digit numeric identifier, assigned to your company by Dun & Bradstreet for use in electronic data interchanges. <i>We do not require your Location Code.</i>
Section 3b	
SBT Information	Listed in this section is the SBT mailbox for inquiries your company may have on the SBT program.
Section 3c	
Communication ID & DUNS #	Data Universal Numbering System. Unique 9-digit number assigned to your company by Dun & Bradstreet used as an identifier in electronic data interchanges.
DEX Contact Information	DEX technician for certification and troubleshooting.
DEX Unit Information	Manufacturer of DEX handheld unit, model, and software version.
Plans to upgrade to DEX version 5010?	CVS does not currently support version 5010 and will not be compatible. Informational purposes to determine when CVS should upgrade.
Section 3 (End)	
Section 4	
Information for Electronic Delivery of PO	
EDI Info	
<i>Import Y/N</i>	Import company = Y, domestic company = N
<i>EDI Capable Y/N</i>	Can company receive POs electronically – yes/no
<i>EDI Contact</i>	Person to contact concerning electronic delivery of POs
<i>Fax#</i>	Fax# of EDI contact
<i>Email Address</i>	Email address of EDI contact
<i>Phone #</i>	Phone # of EDI contact
EDI Customer Service Info	
<i>Contact Name</i>	Customer Service contact
<i>Email Address</i>	Email address of customer service contact
<i>Fax#</i>	Fax# of customer service contact
<i>Phone #</i>	Phone # of customer service contact
Fax number to send Purchase	Needed in order to setup EDI

Orders before EDI setup takes place

Section 4 (End)

Section 5

Merchandise Return Address

Where merchandise will be returned. Entered on MCR screen #10072.

Warehouse Return

Name, Street, City/State
Zip, Phone

The address to return merchandise from the warehouse.

Store Return

Name, Street, City/State
Zip, Phone

The address to return merchandise from the store via Carolina Reclamation.

Ship From Address

Address 1

Warehouse Contact Name,
City/Date, Zip, Phone#

Location where merchandise will be shipped from by the supplier

Address 2

Warehouse Contact Name,
City/State, Zip, Phone #

If product ships from multi-locations, utilize Address 2

Do you offer a backhaul program?
Y/N

Required to identify back haul program availability from "Ship From Address" listed above.

Contact Name and Contact Phone #

Do you offer collect pricing? Y/N

Is the cost of the freight removed from the price?

Contact Name and Contact Phone #

Section 5 (End)

Beer and wine product

If checked, send a copy to Inventory

Fintech Partner

Information purposes for AP.

Item to send copies to the following departments:

ECR, Logistics, & DSD.

Requested by:

CM or FMM Requesting Supplier be setup.

Supplier Signature

Supplier signs and dates.

CVS Authorized Signature

CM signs and dates.

CVS Financial Approval Signature

DMM signs and dates.