



JINNY BEAUTY SUPPLY Co., Inc.
New Vendor Information form

Vendor (legal entity name): _____

Business Entity Type (e.g., Corp., LLC, etc.): _____

Vendor Name as Shown on Invoice (DBA): _____

Vendor Taxpayer Identification Number (EIN/SSN): _____

Vendor Address: *Street / Suite:* _____

City _____ *St* _____ *Zip* _____ *Phone* _____

Vendor Contact Name: _____

Vendor Contact Title: _____

Vendor Contact #s: *Phone:* _____ *Fax:* _____

Cell: _____ *E-Mail:* _____

Vendor Marketing Manager: _____

Phone: _____

E-Mail: _____

Vendor Rep Name: _____

Vendor Rep Address: *Street / Suite:* _____

City _____ *St* _____ *Zip* _____

Vendor Rep Contact #s: *Phone:* _____ *Fax:* _____

Cell: _____ *E-Mail:* _____



Jinny Beauty Supply Co., Inc.

Manufacturer's New Item Presentation Sheet



General Information

Manufacturer Name _____

Brand _____ Mfg Part # _____

Item Description _____

Size _____ Metric Size _____ UPC Code _____

Case Qty _____ Master Case Qty _____ Ship Unit _____

Date Presented _____ Available ship Date _____

Pricing Information (prior to discounts and allowances)

Jinny Cost \$ _____ (1st 2 orders 10% off and additional 30 days dating)

Selling Price \$ _____

Retail Price \$ _____

Product Information

Features & Benefits: _____

How long has the product been on the market? _____

Where is it currently being sold? (Retail and Dist.) _____

What products or brands is this item targeted to compete against? _____

What are some comparable items currently in the market? _____

Why is this an item Jinny should carry? _____

Launch Plan

****Please include with you submission a separate detailed 6 month launch strategy including any special pricing, prepacks, Intro deals, incentive, displays, advertising, marketing, POP materials etc. that will provide for a successful launch and re-purchase of this item.**