



New Vendor Information

Company Name and website: _____

Contact name/ job title: _____

Contact phone number and email: _____

Product(s) type: _____

Manufacturer Location: _____ Co-packer used: _____

Is the product(s) shelf stable/refrigerated/frozen: _____

Shelf life: _____ Date coding type: _____

Is product packaging compliant with US packaging/labeling rules: _____ Yes _____ No

Do you currently have a broker: _____ Yes _____ No

A) If Yes, who: _____

B) KEHE or UNFI specific Broker: _____

Broker goals/expectations: _____

Referred to Seidman Food Brokerage by: _____

Certifications (Kosher, Organic, Non-GMO, GF): _____

Distributors & Warehouses (KEHE, UNFI): _____

Established chain accounts in US/Southeast: _____

Where is the product found in the store: _____

Estimated annual sales \$: _____

Target market: _____

Planned trade shows (Fancy Food, SOHO, Expo, etc.): _____

Slotting allowance for new accounts: _____

Marketing support available (i.e. promos, allowances, demos, etc): _____

Additional Information: _____

Email this completed form to Gail at Gailh@seidmanfood.com.
Please include the following with form: company literature, distributor &/or price list
showing suggested retails, promo calendar and other info.
Please note that sample(s) are required for consideration.
Mail to: 7684 Wiles Rd., Coral Springs, FL 33067.