



New Vendor Form: Thank you for your interest in becoming a vendor partner with Murphy's Fresh Markets.

Please fill out the following information to apply.

Business Name: _____

(“Checks payable to” if different than above) _____

Business address: _____

(“Remit to address” if different than above) _____

***Please provide proof of business insurance with this form.**

Business Insurance: _____

Tax ID Number: _____

Our current terms for new vendors are as follows:

- All new products must meet Board of Health and Weights and Measures Standards
 - Net weight and Expiration date must be displayed on product
 - Must have a UPC (register product – follow procedure at website below)
 - <https://www.gs1us.org/upcs-barcodes-prefixes/how-to-get-a-upc-barcode/get-upc-barcodes>

Murphy's Financial Terms:

- **We require 50% discount on first fill (defined as first purchase Murphy's Fresh Market makes; on a per store basis)**

By signing below, you agree to the terms and conditions of our vendor agreement.

Vendor Signature: _____

Date: _____

Thank you for your interest in partnering with our business. We will review your application and contact you if we have any further questions. Please fill out, save and mail to ronald_h_murphy@murphysmarkets.com

To be completed by Supervisor/Accounting Dept: _____

GL Account (Department: _____

Vendor # Assigned: _____