



## **NEW VENDOR GUIDE**

**UPDATED 5-16-19**

## WELCOME TO THE MARKET OF CHOICE NEW VENDOR PROFILE AND NEW PRODUCT SETUP PROCESS. WE'RE EXCITED TO LEARN MORE ABOUT YOU AND YOUR PRODUCT(S)!

This guide will help you fill out the required forms to begin the evaluation process for your product(s) at Market of Choice. By completing this information and profile it will help us to review your items and get back to you with our decision quickly.

It's important all of the forms are properly completed. Take time to follow the steps in this guide and double check your work. Common mistakes include missing information, inverted digits or missing UPC information, wrong case packs, or bad costs. This guide takes you through every field on our forms with easy-to-follow instructions. When we receive incorrect forms it slows down the process of getting your items to our buying team.

### **This guide only applies to packaged retail products and does not include beer or wine.**

This means items have a UPC, valid Nutrition Facts statement, valid ingredients and allergens on the package, and all required health department or Oregon Department of Agriculture statutes have been followed in the production process.

If you're interested in selling to our Perishable Departments, please refer to the MOC Perishable Vendor Inquiry Form found at our website: [marketofchoice.com](http://marketofchoice.com).

*Perishable Departments at Market of Choice include Meat, Seafood, Produce, Floral, Specialty Cheese, Kitchen (Deli/Food Service), and scratch Bakery.*

## What, and Why

Market of Choice is required to follow many local, State, and Federal regulations for everything we sell in our stores. This not only protects our customers but helps you stay compliant as a vendor. We recognize the forms are complex, but you usually only need to do this once! And we're required to ask you.

We require five things for new vendors and new products:

1. MOC New Vendor Profile form
2. MOC New Item Authorization form
3. PDF copy of your W-9 form
4. PDF copy of your Certificate of Insurance
5. Digital photographs of your product and UPCs

## THE MARKET OF CHOICE NEW VENDOR PROFILE

The MOC New Vendor Profile form provides us with information needed to get your company established as an authorized seller/vendor to Market of Choice.

This ensures we get important things loaded into our systems:

1. Your company and information for our accounting system. This lets us pay you for your products!
2. Establish your company with an MOC Vendor Number. The vendor number corresponds with the accounting system and is printed on the shelf tags for stores to know where to reorder from
3. By filling out the form you provide us with, and state you are complying with, governmental entities that oversee the production of safe food products. You will also indicate that you are using an inspected and approved commercial kitchen or production facility.
4. Information our Marketing Department can use to link to your website and social media so customers know we carry your items.

### Getting Started – What type of Vendor are you?

If you are going to distribute your items through a distributor or re-distributor that already does business with Market of Choice you **do not** need to fill out the New Vendor Profile. Market of Choice already works with that distributor and will pay them directly for your products that they deliver.

If you are going to distribute your items yourself (called Direct-Store-Delivery), are shipping directly to our stores through FEDEX, UPS, USPS, or another service, or we are going to help you through our Market of Choice MOJO program, you **will** need to populate this form.

**One other thing.** Please don't change our forms. And fill them out in EXCEL. These forms are uploaded into other systems at Market of Choice. Thanks!

### Section 1 – MOC New Vendor Profile



2862 Willamette Street  
Suite B  
Eugene OR 97405

**MARKET OF CHOICE USE ONLY**

RETAIL VENDOR

RETAIL VENDOR

ACCOUNTING #

**NEW VENDOR PROFILE**

*Please complete all information in the form below*

VENDOR#

Sales Mgr Approval

**SECTION 1**

**VENDOR PROFILE**

(Do not populate this section if you are using a DSD supplier or distributor already doing business with Market of Choice)

VENDOR INFORMATION		BROKER INFORMATION (if applicable)	
Business Name		Broker	
DBA (if any)		Broker Phone	
Contact Phone		Broker Email	
Email		Broker Business	
Business Address		Address	
City		City	
State		State	
Zip Code		Zip Code	
ABOUT YOUR COMPANY		ACCOUNTING INFORMATION	
Website Url		Accounting Contact	
Facebook		Accounting Phone Number	
Twitter		Tax ID Number	
Other		Type of Business	
		Checks Payable Name	
		Checks Payable Address	
		City, State	
		Zip Code	

1. Start by populating the VENDOR INFORMATION

- Business Name – we need the name of your business, not necessarily your name (unless your name is the business name!)
- DBA, Doing Business As (if any) – sometimes there is a business owner and a different name for the brand that you are using when doing business
- Contact Phone – the phone number of the person that we will call for sales calls, promotions, pricing questions, product questions, or if there is a problem with your items
- Email – The email address of that person
- Business Address – enter the address of your business including street, unit/suite, city, state, and zip code

## 2. About your Company

- Please provide us with your company website and social media pages, handles, #, @, etc.

## 3. Broker Information

- You may be using a Brokerage to help you market your items to retailers like Market of Choice. Not everyone has a Broker, and that's ok! But if you do we need to know who it is
- Brokerage Firm Name – enter the Brokerage company name
- Broker Account Rep – enter the name of the Broker Account Representative that will rep your products to MOC.
- Broker Phone – enter the account representatives phone number
- Enter the address, city, state and zip code of the Brokerage firm

## 4. Accounting information

- Accounting Contact – the name of the individual at your company that we will work with for payments, credits, or other accounting issues
- Accounting Phone Number – the phone number of your accounting contact
- TAX ID Number – we require a tax ID number
- Type of Business – we need to know what type of business you are for taxes
  - C-Corp A C-Corp is any entity that is taxed separately from it's owner
  - S-Corp An S-Corp is a Federal Income Tax structure where your profits or losses are passed through the ownership of the company
  - LLC If you have legally defined and registered your business as A Limited Liability Corporation
  - Individual If you are the individual owner of the company
- Checks Payable Name – the name you want us to use when issuing a check
- Checks Payable Address – the address you would like to receive our payments

## Section 2 – MOC New Vendor Profile

### SECTION 2

#### INSURANCE AND PRODUCTION INFORMATION

All information must be completed)

PRODUCT LIABILITY INSURANCE		PERMIT INFORMATION REQUIRED FOR ALL PRODUCTS	
<b>Insurance Carrier</b>		<b>Department of Agriculture #</b>	
<b>Policy Number</b>		<i>Expiration Date:</i>	
<b>Coverage Amount</b>		<b>County #</b>	
A minimum of 1 million dollars in coverage is required. A copy of your policy must be included with your submission.)		<i>Expiration Date:</i>	
In the event of product quality issues we need the following information:		<b>USDA #</b>	
		<i>Expiration Date:</i>	
		<b>FDA #</b>	
		<i>Expiration Date:</i>	
<b>Contact Name</b>		<b>Fish and Game #</b>	
<b>Contact Phone</b>		<i>Expiration Date:</i>	
<b>Contact Email</b>			

#### 1. Product Liability Insurance

- We require vendors to carry a Certificate of Insurance naming Market of Choice as a co-insured. The minimum coverage we require is \$1,000,000
- Enter the name of your Product Liability Insurance Carrier
- Enter the policy number
- Enter the coverage amount (minimum is \$1,000,000)

A copy of your Certificate of Insurance (COI) will be required upon acceptance of your products at Market of Choice.

A typical COI looks like this:

**ACORD** CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: INSURANCE AGENCY HERE

INSURED: CONTRACTORS NAME HERE

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

LINE	TYPE OF INSURANCE	AMOUNT	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	X	SAMPLE			EACH OCCURRENCE DAMAGE TO RENTALS OPERATED BY INSURED MED EXP (By one person) PERSONAL & AUTO INJURY GENERAL AGGREGATE PRODUCTS - COMP-OP AGG

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		<b>FDA #</b>	
		<i>Expiration Date:</i>	
<b>Contact Name</b>		<b>Fish and Game #</b>	
<b>Contact Phone</b>		<i>Expiration Date:</i>	
<b>Contact Email</b>			

2. Provide us with contact information in the event of quality issues, recalls, or customer inquiries
  - Things happen, so we need a good contact name and phone number/email for yourself or your Quality Assurance Manager. This person should, at a minimum, be available for us to reach 7 days a week between the hours of 7am and 9pm
  
3. Permit information is required for all products
  - You don't need all of these and may only have one. Please populate all that apply to your products.
  - The most common is the Oregon Department of Agriculture or similar agency depending on where your products are produced
  - Generally USDA only applies to products with cooked proteins (beef, pork, chicken, some seafood items). If your items contain one of these you must have a USDA number and they will supply you with the USDA shield that must appear on your product packaging along with the USDA plant number
  - FDA numbers typically only apply to certain types of products shipping across state lines.
  - Fish and Game numbers generally only apply when seafood or game products are shipped across state lines

## SUPPLIER VERIFICATION FOR FOOD SAFETY AND REGULATORY COMPLIANCE

Market of Choice is committed to bringing the safest and freshest products available to our stores. All products will be reviewed for compliance to Safe Food Production.

All vendors must be able to supply at any time, at the request of Market of Choice, your HAACP plans, production logs, ingredient sources (location and supplier), and production permits.

All packaged products for retail sale must have the following elements on the package label:

- Compliant Nutrition Facts
- Ingredients and allergens
- Net weight
- Location of production (company, city, state)
- Tamper evident packaging
- Expiration or sell-by-date

Vendors are required to credit Market of Choice in full for the cost of products that are removed from selling due to a recall or product withdrawal for any reason.

## RECEIVING TEMPERATURES

All products must be delivered through the backdoor of the store location at the RECEIVING area unless arrangements are made with the Market of Choice store manager for the location you are delivering.

Our Receiving Manager will temperature check all items that are potentially hazardous foods.

If your products are temperature-sensitive, you must deliver in a temperature-controlled and safe environment. COLD CHAIN MUST REMAIN THE SAME FROM THE POINT YOU LEAVE YOUR PLACE OF PRODUCTION OR INVENTORY WAREHOUSES UNTIL YOU ARRIVE AT OUR RECEIVING AREA.

Here are the temperatures required

REFRIGERATED	< 41° F
FROZEN	< 0° F (without visible signs of thawing)
Eggs, Milk	
Or Live Shellfish	< 45° F

**ONCE YOU HAVE COMPLETED THE NEW VENDOR PROFILE YOU ARE READY TO COMPLETE THE MOC New Item Authorization Form**

**! It is important that all forms are completed in Microsoft EXCEL®**

## **GETTING STARTED**

### **THE BASICS for the MOC New Item Authorization Form**

Take time to read the instruction tab on the EXCEL workbook.

Make sure to complete all fields that apply.

List all of your individual UPCs on separate lines within the form. Each SKU (item) will be evaluated based on its own potential for our categories. Rank your items in the order that they sell (best-selling first to bottom selling).

### **THE BASICS for the MOC New Item Authorization Form**

1. Enter your name in the box provided in the top left of the EXCEL form
2. If you have a broker list the name of the brokerage
3. Enter your Company Name (this may not be your product brand name, so make sure to give us your COMPANY/BUSINESS NAME HERE)
4. Enter the date you submitted the request.

**We make every attempt to respond to vendor requests and new item forms in a timely manner.**

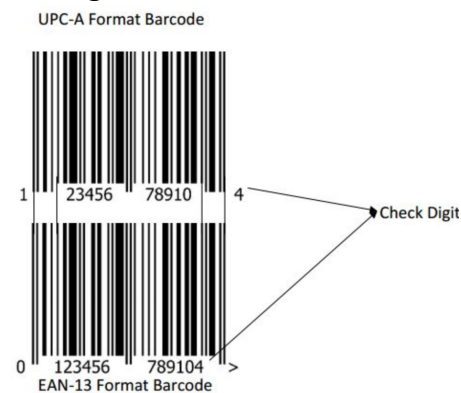
5. Enter your Email address. This should be the email that you want us to contact for store orders once your items are authorized.
6. Enter your phone number. This should be the phone number you want us to use to contact you for store orders once your items are authorized.

## ENTERING YOUR ITEMS INTO THE NEW ITEM TEMPLATE

1. You may enter up to 50 items on each template.
2. You may enter items for multiple vendor or suppliers.
3. Enter the UPC code for your item(s). We require a check digit.

### TYPES OF UPC FORMATS

If your UPCs have 12 digits it probably looks like the example below. Make sure to type all of the digits into the first column on the form using this format x-xxxxx-xxxxx-x



Some UPC formats do not use a CHECK DIGIT like in the example below. If this is your UPC format enter x-xxxxx-xxxxx into the new item form.



And some small format UPCs may be used on beverages or smaller items and packaging that does not allow for the 11 or 12 digit barcode. An example is below and would be entered as x-xxxxxx-x on the form



**You must submit , via email, an image of each of your product UPCs either as a “Sell Sheet” or digital image of the UPC and front of the package so that we can verify the bar code and selling information.**

## PRODUCT INFORMATION

4. Enter the distributor or vendor that will be delivering the products to our stores. This should also be the vendor issuing the invoice for the products.

5. Enter the vendor item number / order number. If you do not have an order number use the last 4 digits of the UPC

6. Enter the brand of the product, followed by the product description in the next field. For example "Market Of Choice" is the brand, "Fresh Squeezed Orange Juice" is the description.

## PRODUCT SELLING SIZE

7. Enter the sellable size and unit of measure of the item.

Typical selling sizes and units of measure include the following examples:

<b>8 oz</b>	<b>An 8 ounce bottle, jar, bag, pouch, or box of product. This could also apply to a single item such as a bar, cookie</b>
<b>12 oz</b>	<b>A 12 ounce container of shampoo, soap, liquid medicinal, etc.</b>
<b>750 ml</b>	<b>A bottle size</b>
<b>1.5 ltr</b>	<b>A bottle size</b>
<b>1 Ct</b>	<b>A single product that is not typically edible (such as a 1 count pet treat or 1 count candle)</b>
<b>100 ct</b>	<b>A multi-packed product that is typically non edible (such as a 100 count box of facial tissue, or a 100 count bottle of a supplement or medicine)</b>

## PRODUCT PACKAGING, DEPARTMENT, AND CATEGORY

8. Provide us with the type of packaging that your product is sold to the consumer. This helps aid us in determining if the correct Unit of Measure is being used.

Examples of packaging include Box, Jar, Bottle, Pouch, Tub, Clamshell Container, Tetra-Pak

9. Enter the MOC Department name. If you are unsure of your product placement leave this field blank.

10. MOC will determine our category name

## COST (YOUR COST TO MARKET OF CHOICE)

11. Enter the case pack that the item will be ordered and sold to MOC.

12. Enter the base cost for the CASE or minimum order shipping to MOC.

**If you have shipping costs please include the shipping cost as part of the Case Cost.**

13. Enter a suggested retail. Note MOC reserves the right to retail products at our discretion. But you may provide a suggested retail price for us to review.

## SHELF LIFE

Your product must have a clear calendar date indicating the USE BY or BEST IF USED BY DATE  
The FDA has recently issued guidance regarding the VERBIAGE and DATE system that must be on all packaged FOOD AND BEVERAGE PRODUCTS.

1. Your product MUST HAVE a clear Calendar Date (not code) reflecting either USE BY OR BEST IF USED BY (example 6/1/2019 or June 1 , 2019 or 2019-6-1 or 2019 JUN 1)

2. The FDA guidance says that items that have a food safety risk after a certain number of days on the retailer's shelf must use the verbiage USE BY and that consumers should not consume after this date

3. OR items can have the verbiage BEST IF USED BY meaning the products quality may be diminished after that date

4. Enter the shelf life for each of your products and indicate whether the verbiage and date on your package is USE BY or BEST IF USED BY

**NOTE: MOC WILL REMOVE PRODUCTS FROM THE SHELF ON THE DATE ON YOUR PACKAGE REGARDLESS OF VERBIAGE**

## PRODUCT ATTRIBUTES

You may not know the answer to each of these fields so it's ok to leave them blank.

1. If the item is allowed through governmental assistance programs (typically referred to as Food Stamp eligible) please enter Y in the field provided
2. If the item has an Oregon Bottle Deposit Value enter the value in the field provided
3. If the item is approved and eligible for the WIC program enter Y in the field provided
4. Place a Y for each of the other attributes as listed (Gluten Free, Paleo, Organic, etc)

**Place an 'X' under each of the MOC store locations you are requesting to stock your product(s)**

## PRODUCT PROMOTION

*If you are offering an allowance with your new item you can populate that information on the second tab. Product information from the New Item Offer tab will copy over.*

1. Enter the start and end date for your allowance offer. The minimum number of days for an allowance is 7.
2. Enter the allowance elements
3. Enter the promotional discount you are offering MOC. This template allows for the following. Allowances may be stacked (e.g. MCB + Billback + Scan)

**OFF INVOICE 'DOLLARS'** –\_If you are offering a discount off of the invoice at the time of delivery enter the dollar amount PER CASE that you are offering to MOC

**OFF INVOICE %** –\_If your off invoice offer is based on a percentage discount from the REGULAR COST, enter the amount of the discount (typically 10%, 20%, 30%, 40%, 50%, etc.)

**CASE MCB \$ or MCB %** –\_MCB (Manufacturer Charge Backs) are offered in dollars or percentages. Enter one or the other, do not enter both. MCBs are usually with UNFI.

**BILLBACK** –\_Enter billback allowance offer for the total case. Billbacks may be invoiced through a third party.

**SCAN ALLOWANCE** –\_Scan allowances should be offered per unit .

## YOU'RE ALMOST DONE!

To complete your New Vendor and/or New Item request please follow the important checklist below. This will ensure your items can be properly evaluated and, if accepted, we are able to process your paperwork.

- Review all of the information on your New Vendor Profile
- Review all of the information on your New Item Authorization Form

*! Hint: It's a good idea to have someone else review everything to make sure it's accurate*

- Make sure you have digital images for all of the products listed on the new item form
- We require a PDF copy of your CERTIFICATE OF LIABILITY INSURANCE (COI)
- We will need a PDF of a completed W9

When you have all of the information ready, create an email to:

[newvendor@marketofchoice.com](mailto:newvendor@marketofchoice.com)

Attach both EXCEL forms and both PDF forms (COI and W9).

In the body of the email let us know about you, your company, your products, and why you think they would be a good fit for Market of Choice.

Send samples of your product along with copies of ALL FORMS to:

Market of Choice, Inc.

Attention : New Product Samples

2862 Willamette Street

Suite B

Eugene, Oregon 97405

# Thank you for your submission!



MOC STORE LOCATIONS as of June, 2019

***NOTE NEW PRODUCT AUTHORIZATIONS ARE MADE BY THE MARKET OF CHOICE SALES MANAGER AT OUR STORE SUPPORT CENTER IN EUGENE. PLEASE DO NOT PRESENT YOUR NEW PRODUCTS DIRECTLY TO OUR STORE TEAMS.***

EUGENE LOCATIONS

**MOC#1 – WILLAKENZIE  
2580 Willakenzie Blvd  
Eugene, OR 97401**

**MOC#6 – DELTA OAKS  
1060 Green Acre Road  
Eugene, OR 97408**

**MOC#9 – WILLAMETTE  
67 WEST 29<sup>TH</sup> AVENUE  
EUGENE, OR 97405**

**MOC#10 – FRANKLIN  
1960 FRANKLIN ROAD  
EUGENE, OR 97403**

PORTLAND LOCATIONS

**MOC#2 – CEDAR MILLS  
250 NW LOST SPRINGS ROAD  
PORTLAND, OR 97229**

**MOC#3 – BELMONT  
1090 SE Belmont Street  
Portland, OR 97214**

**MOC#5 – WEST LINN  
5639 HOOD STREET  
WEST LINN, OR 97068**

CORVALLIS

BEND

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**MOC#7 – CORVALLIS  
922 NW CIRCLE ROAD, STE 110  
CORVALLIS, OR 97330**

**MOC#8 – BEND  
115 NW SISEMORE STREET  
BEND, OR 97201**

ASHLAND

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**MOC#11 – ASHLAND  
1475 SISKIYOU BOULEVARD  
ASHLAND, OR 97520**