



## Preferred Vendor Program Application

Thank you for your interest in LeisureLiving. Listed below are the points we ask to be considered in a potential vendor's proposal.

**COMPANY PROFILE:** Please give a brief statement about your company addressing, ownership and parent company.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PRODUCTS:** Briefly describe your Leisure Living product line \_\_\_\_\_

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**MARKET NICHE:** Who buys your product and why? Please address price point of your product vs. competition: \_\_\_\_\_

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**DISTRIBUTION and REPRESENTATION:** How do you currently distribute your products? Do you have company or independent representatives throughout the United States?

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Do you sell to home centers, if so who: \_\_\_\_\_

Current Pricing Structure: \_\_\_\_\_

Current Product Warranty: \_\_\_\_\_

**INTERNET:** Do you currently sell, price, and/or quote your product on the web? \_\_\_\_\_

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## Proposed LeisureLiving Preferred Vendor Program

1. **PRICING:** Based upon the quality of our members, our potential size, and related volume we can offer your company, we request that you extend the maximum discount, or multiplier, off of your price list to LeisureLiving Members for three different levels of participation: Dealer, Displaying Dealer and Inventory Dealer if applicable.

**Pricing Proposal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Payment Terms:** Please outline your payment terms, LeisureLiving requires a minimum of 2% cash discount for invoices for early payment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **REBATE PROGRAM:** This is perhaps the most important point in that a rebate program with graduated percentage plateaus earned at increased volume levels presents an incentive to grow together. We request at least three volume levels starting with two percent (2%) from zero dollars forward and retroactive to dollar one as the various levels are achieved.

**Rebate Proposal:**

Level 1	\$ _____ 0 _____	to \$ _____	Rebate _____%
Level 2	\$ _____	to \$ _____	Rebate _____%
Level 3	\$ _____	to \$ _____	Rebate _____%
Level 4	\$ _____	to \$ _____	Rebate _____%
Level 5	\$ _____	to \$ _____	Rebate _____%

4. **CO-OP ADVERTISING ALLOWANCE:** This allowance is used to promote your line of product through Members, which may be used for advertising, production and/or purchase of brochures, flyers and catalogs or other marketing programs. These materials are to be used by our members' sales and design personnel to aid in the specifications and sales of your products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **SHOWROOM DISPLAY ALLOWANCE:** We strongly encourage our dealers to display our Preferred Suppliers' products in their showrooms; therefore, we request a liberal allowance for this important function: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **FREIGHT PROGRAM:** As we are a nationwide group, a freight program is important because of the cost factor freight represents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **PRODUCT WARRANTY:** Please confirm that your product warranty and/or guarantee are included as a part of your program. \_\_\_\_\_

## LeisureLiving Terms and Conditions

1. LeisureLiving Vendors must manufacture and or import (premium and luxury) LeisureLiving products.
2. LeisureLiving Vendors are to submit electronic reports no later than the 10<sup>th</sup> of each month following the reporting period, e.g. January reports are due by February 10<sup>th</sup>. Each report must provide the following information: purchase order number, invoice number, invoice date, the gross invoice amount, invoice freight amount, discount taken, if any.
3. All Rebates must be calculated on the gross invoice sales minus freight and/or tax.
4. LeisureLiving Vendors must submit payment of rebates and a 2% administrative fee of net volume within 10 days of the end of each quarter. First quarter payments are due April 10, second quarter payments are due July 10, third quarter payments are due October 10 and fourth quarter payments are due January 10.
5. LeisureLiving is not responsible for any past due accounts. No unpaid invoices of any kind can be deducted from any LeisureLiving payments.
6. LeisureLiving is not responsible for any late payments or other charges to its members from LeisureLiving Vendors.
7. LeisureLiving Vendors are required to attend the Annual Dealer Market and Conference with an authorized senior sales executive representative with decision-making authority.
8. Any changes that reduce an approved program category and/or add new product categories to a previously approved program may require the Vendor to resubmit a new program application to LeisureLiving for approval.
9. Duration shall commence on date of letter of acceptance and terminate on December 31 of the second year. All Vendor programs will automatically be renewed for successive two-year terms unless either party submits advance written notice of termination at least 60 days prior to the end of each term. All vendor notices of program modification must be sent to the LeisureLiving office 60 days prior to the end of each term.
10. **INVOICING:** Preferred Vendors will invoice each Member directly and Members will pay each Vendor directly. Preferred Vendors will provide the Buying Group monthly reports on all sales to LeisureLiving Members and pay rebates and other promotional fees to the Buying Group quarterly.

I acknowledge and confirm that my company understands and agrees to meet the requirements of being a Preferred Vendor in the LeisureLiving Buying Group, if accepted. Submitting application does not guarantee acceptance as a LeisureLiving Vendor. LeisureLiving will review, and if accepted, will send a letter of acceptance to Vendor with commence date.

I, \_\_\_\_\_, authorize LeisureLiving Buying Group to contact LeisureLiving members with whom I am currently doing business to verify volume and customer service capabilities.

Senior Executive Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of executive: \_\_\_\_\_ Title: \_\_\_\_\_

If you have questions, would like to see a "sample" program, or would like to discuss your program, please call me.