


STANDARD QUOTATION & SPECIFICATION FORM

THIS FORM MUST BE COMPLETED IN FULL PRIOR TO SUBMITTING

1. DATE SUBMITTED:		2. ITEM CODE:	
3. VENDOR OF RECORD:			
4. PRODUCT NAME:			
5. ALCOHOL TYPE:		6. TYPE CLASSIFICATION:	
7. VINTAGE / AGE (NOT REQUIRED):		8. PROOF/ALCOHOL%:	
9. ALCOHOL MADE:			
10. DISTILLED/PRODUCED BY (INCLUDE NAME & ADDRESS):		11. BOTTLED BY (INCLUDE NAME & ADDRESS):	
12. SUPPLIER SHIP POINT (CITY & STATE):		13. FOB POINT: ABC MISSISSIPPI 1286 GLUCKSTADT ROAD, MADISON, MS 39110	
14. REASON FOR CHANGE (CHECK ALL THAT APPLY):			
NEW ITEM	BARREL PROGRAM	VINTAGE OR PROOF CHANGE	
PRICE CHANGE	VAP / LTO	UPC / SCC CHANGE	
BROKER CHANGE	<input type="checkbox"/> HOLIDAY ITEM	OTHER (Explain in Remarks below)	
15. BAILMENT OR SPECIAL ORDER:			
BAILMENT		SPECIAL ORDER	
_____ QTY OF CASES IN PALLET	ALLOCATED		
_____ QTY OF LAYERS IN PALLET	PRIVATE LABEL		
_____ DIMENSIONS OF CASE (HxWxD)	FULL PALLET TRAYPACK		
_____ DIMENSIONS OF PALLET (HxWxD)	_____ QTY OF CASES PER LAYER		
16. BOTTLE SIZE:			
17. UNIT/QTY IN CASE:		18. CASE WEIGHT (LBS):	
19. TOTAL INVOICE COST:			
22. UPC #			
21. SCC #			
23. REMARKS:			
23. BROKER FOR THE STATE		24. SUPPLIER: WE CERTIFY THE FOREGOING IS CORRECT	
COMPANY NAME:		SUPPLIER:	
BROKER NAME:		STATE LIC/PERMIT NO:	
EMAIL:		FED. ID. NO. (FEIN):	
PHONE:		ADDRESS:	
 ALCOHOLIC BEVERAGE CONTROL DIVISION DEPARTMENT OF REVENUE STATE OF MISSISSIPPI		EMAIL:	
		PHONE:	
		SIGNATURE BY:	

The Vendor agrees that all price quotations will be quoted prices to ABC Liquor Distribution Center, FOB Madison, MS, including tax and duty on imported items. Vendor agrees that any subsequent orders of the same product shall be at the quoted price until such time as Vendor contacts ABC and provides a new quoted price.