

Buyer/Vendor Freight Negotiation Form - INBOUND

Date:

Vendor Name:

Vendor Number:

Department Number & Buyer Name:

Purchase Order #:

Type of Freight (i.e.: Handbags):

Vendor Freight Amount or %:

Dry Goods Freight Amount or %:

Vendor Contact:

| | |
|--------------------------------|---------------------|
| TO BE COMPLETED BY THE VENDOR: | |
| Carrier Chosen: | |
| Carton Count: | Total Weight (lbs): |
| Shipping From Zip Code: | |
| VENDOR SIGNATURE*: _____ | |

DRY GOODS BUYER SIGNATURE*: _____

DRY GOODS LOGISTICS MANAGER*: _____

COMMENTS:

Please sign and email back the information requested on this form to the attention of the appropriate Buyer.

The signing of this form using an electronic method voids the agreement. *This form should only be used when deviating from the Compliance Guide.*