

MASSACHUSETTS RESTAURANT ASSOCIATION

Manufacturer Rebate Program

Enrollment Form



CLIENT INFORMATION

Business Name _____ # Units _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Contact Name _____ Title _____
Email Address _____

DISTRIBUTOR INFORMATION

Distributor Name _____	Distributor Name _____
Division Location _____	Division Location _____
City/State _____	City/State _____
Customer # _____	Customer # _____
Sales Rep _____	Sales Rep _____
Sales Rep Phone _____	Sales Rep Phone _____
Distributor Name _____	Distributor Name _____
Division Location _____	Division Location _____
City/State _____	City/State _____
Customer # _____	Customer # _____
Sales Rep _____	Sales Rep _____
Sales Rep Phone _____	Sales Rep Phone _____

BUYING GROUP AFFILIATION

Are you affiliated with any other buying group? If so, please provide the details. _____

MANUFACTURER PROGRAM INFORMATION

Please provide names of any current manufacturer or distributor programs in which you participate (attach copies of all current programs to this form). _____

AGREEMENT

By checking this box the client acknowledges and agrees to all the terms and conditions of the PSP Member Enrollment Agreement.

Signature _____ Date _____
Signature is required.

My operation has retained Prime Source Purchasing Inc. (PSP) to coordinate our manufacturer programs, develop relationships with key manufacturers and strengthen the alliance with our distribution network by supporting more of our vendor partner brands and products.

I am asking our distributors to provide PSP with our usage information which will allow us to participate in the manufacturer programs that PSP creates on our behalf.

I am asking our manufacturer partners to direct all correspondence, communication and payment remittance to PSP since it will be assisting us with the implementation and execution of all manufacturer programs.

This letter also serves as confirmation that Prime Source Purchasing is our sole negotiator and administrator for all of our manufacturer programs. Our operation is not a member of nor participates in any other buying groups or programs. I hereby authorize the immediate termination of any other affiliation that may be in place.

Thank you for your assistance. Your cooperation and support of PSP's efforts is greatly appreciated.

Please contact Prime Source Purchasing with any questions:

PRIME SOURCE PURCHASING, INC.

Attention: Kristen Menniti
201 West Passaic Street, Suite 406
Rochelle Park, NJ 07662

Phone: 201.968.5505
Fax: 201.968.5515
Email: kmenniti@primesourcepurchasing.com

Sincerely,

Name: _____

Title: _____

Business Name: _____

Client Signature Required _____

cc: Kristen Menniti - Marketing & Sales Director, Prime Source Purchasing Inc.