



Department of Commerce

Division of Liquor Control

John R. Kasich, Governor
Jacqueline T. Williams, Director

STANDARD QUOTATION & SPECIFICATION FORM

VENDOR OF RECORD:

STATE CODE:

1. STATE 2. DATE SUBMITTED
3. BRAND NAME 4. EFFECTIVE DATE
5. STATE STOCK PLAN 6. BAILMENT PLAN 7. SPECIAL PURCHASE ORDER PLAN
8. TYPE 9. CLASS 10. FORMULA
11. AGE/VINTAGE 12. PROOF/ALCOHOL 13. DOMESTIC
15. DISTILLED/PROD. BY 14. IMPORTED
16. ADDRESS 14a. INBOND YES NO
17. BOTTLED BY
18. ADDRESS
19. SOLD UNDER ANY OTHER LABEL YES NO PROOF: AGE: EXPLAIN:
20. SHIP POINT 21. FOB POINT 22. FRT PER CWT

REASON FOR CHANGE:

23. AGE/VINTAGE/PROOF CHANGE 26. CASE COST CHANGE 29. PALLET/TIER/WEIGHT CHANGE
24. SIZE CHANGE 27. VENDOR CHANGE 30. PACK CHANGE
25. SCC/GTIN CHANGE 28. NEW ITEM 31. OTHER (Explain on LINE 54)

Table with columns for unit pack, ounces per bottle, bottles/sleeve, SKU GTIN, 2nd SKU GTIN, ship codes, and various cost categories (cases, weight, freight, insurance, etc.).

54. REMARKS: (INDICATE MI ADA)

55. Is this a product for which you want a limited listing period? YES NO If yes the listing ends / /

56. TERMS (NET/DISC.):

57. REPRESENTATIVE FOR THE STATE (NAME, ADDRESS, LIC NO, TELEPHONE, FAX)
58. WE CERTIFY THAT THE FOREGOING IS CORRECT (SUPPLIER, STATE LIC/PERMIT NO, FED. ID. NO, ADDRESS, TELEPHONE, FAX, BY, TITLE)

STATE USE