



Supplier Information Sheet  
as part of Supplier Buying Agreement  
Between Supplier and HD Supply  
(United States, Puerto Rico, U.S. Virgin Islands)

THIS SUPPLIER INFORMATION SHEET (this "Information Sheet"), together with (i) the SBA Terms and Conditions (see, <http://supplier.hdsupplyinc.com>) incorporated herein by reference, and as modified from time to time, the "SBA Terms and Conditions", (ii) the HD Supply Ethics Guide for Suppliers, Contractors and Consultants (see, <http://supplier.hdsupplyinc.com>) incorporated herein by reference, and as modified from time to time, and (iii) the items marked below and included as attachments hereto ("Attachments") constitute the entire agreement between the Supplier referenced below and HD SUPPLY SUPPORT SERVICES, INC., a Delaware corporation ("HDSSS"), on behalf of HD Supply, Inc., a Texas corporation ("HDS"), for the purchase of Supplier's products from time to time by HDSSS on behalf of HDS and its subsidiaries and affiliates (this Information Sheet, the SBA Terms and Conditions, the HD Supply the HD Supply Ethics Guide for Suppliers, Contractors and Consultants and any Attachments are collectively referred to herein as either the "Supplier Buying Agreement" or "SBA").

**SUPPLIER INFORMATION**

Supplier Name: <input style="width: 95%;" type="text"/>	HDSSS Supplier Number: <input style="width: 95%;" type="text"/>
Tax ID Number (Required for U.S. Suppliers Only): <input style="width: 95%;" type="text"/>	Dun & Bradstreet Number: <input style="width: 95%;" type="text"/>
Corporate Relationships: <input style="width: 95%;" type="text"/>	How Related (Subsidiary, Parent, DBA Name, etc.)?: <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**TERM**

SBA Start Date: <input style="width: 95%;" type="text"/>	SBA End Date: <input style="width: 95%;" type="text"/>
-------------------------------------------------------------	-----------------------------------------------------------

**PAYMENT TERMS**

Terms Discount%: <input style="width: 95%;" type="text"/>	Terms Days: <input style="width: 95%;" type="text"/>
--------------------------------------------------------------	---------------------------------------------------------

\* Any payment terms less than 2% 60, Net 90 days, must be approved in writing by an HDSSS Sourcing Director or a more senior HDSSS employee (initials) \_  
\*Days are measured from the later of date of receipt of (a) products, or (b) a complete and correct invoice, to the date check is placed in the mail.

Terms Notes:

**REQUIRED DOCUMENTS (As Checked)**

- |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Insurance Approval Request Form<br><input type="checkbox"/> Ozone-Depleting Chemical Certificate<br><input type="checkbox"/> Confidentiality and Nondisclosure Agreement<br><input type="checkbox"/> Remittance Verification & Sample Invoice | <input type="checkbox"/> HD Supply Facilities Maintenance Supplier Reference Manual<br><input type="checkbox"/> HD Supply Facilities Maintenance Shipping Routing Instructions<br><input type="checkbox"/> Wood Certification<br><input type="checkbox"/> Supplier Factory Certification |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**FREIGHT TERMS**

Select...

If Other (Please specify):

**SUPPLIER DELIVERY LEAD TIME**

Please list, in working days, the amount of time it takes Between the placing of an order and the receipt of the goods ordered: \_\_\_\_\_

**SUPPLIER MINIMUMS**

Does your company have a minimum order that must be met on a purchase order?

Yes  No

If yes, is the minimum based on dollars or units?

Dollars  Units

If in dollars, list the minimum dollar amount:

If in units, specify the unit of measure

Does your company have a prepaid minimum amount?

Yes  No

If yes, is the prepaid minimum in dollars or units?

Dollars  Units

If in dollars, is the prepaid minimum the same as the order minimum?

Yes  No

If no, list the dollar amount:

If in units, specify the units of measure:

Notes:

**SHIP FROM INFORMATION**

If shipping from more than one shipping location, attach a separate sheet identifying all shipping addresses.

Address Line 1:

City:

Address Line 2:

State/Province:

Postal Code:

Address Line 3:

Country/Region:

**DEFECTIVE PRODUCTS RETURN POLICY**

Return Applies to:  Stock

Special Order Sales (SOS)

Stock & SOS

Notes:

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**RETURN METHOD**

- Destroy\*
- Destroy\* less than \_\_\_\_\_ (units preferred) otherwise Supplier Collect (dollar values are based on product cost to HDSSS)
- Supplier Pickup
- Hold for Supplier Inspection\*\*
- Supplier Collect\*\*\*

Select one of the options below. An account number must be provided for Parcel Collect:

If Other, Please Specify:

\*Products deemed a hazardous material (having MSDS) will not be field destroyed. These items must be picked up by the Supplier.

\*\*HDSSS will hold for 7 days maximum and will deduct value from Supplier Invoice.

\*\*\*Requires an HDS approved Common Carrier selection or a Parcel Post Account Number or the Return Method selected will default to Prepaid with a 12% Shipping and Processing Fee. Product will be sent back Parcel or Common Carrier, based on weight.

**COLLECTION METHOD (Allowance Method)**

- HDSSS Debit Memo
- Supplier Credit Memo

OR

Defective Allowance %:



**RETURN AUTHORIZATION**

Is an RGA Required?  Yes  No

If Yes, there will be a 5% processing fee unless a blanket RGA is provided\*

Supplier's RGA Format:

Blanket RGA Authorization:

Contact Name:

E-Mail Address:

Contact Title:

Telephone Number:

Fax Number:

**STANDARD RETURNS POLICY**

Subject to a reasonable restocking fee not to exceed ten (10%) percent of Supplier's original invoice price of the goods so returned, HDSSS shall have the option to return any ordered goods at any time, provided that HDS shall be entitled to return goods at least two times per year with no restocking fee. In the event of any return, such return shall be offset by a purchase order of at least equal dollar value. HDSSS shall be responsible for return freight charges, and any such return shall not be limited by value, volume or otherwise.

**NEW PRODUCTS RETURN POLICY**

Within thirty (30) days of the end of a hundred and eighty (180) day trial period which begins with the date of receipt of the initial order for a product not previously stocked at each of HDS' locations, at their option, may return any on-hand quantity of such product without incurring any restocking charge, administrative charge, processing fee or any liability of any kind. HDS shall be responsible for return freight charges, and any such return shall not be limited by value, volume, or otherwise.

**OTHER POLICIES**

Check all applicable policies:

- MSDS not required
- Supplier certifies that all required MSDS are on file at 3E Company, Carlsbad, CA (800) 360-3220
- Warning Labels & Instructions in Spanish & English
- Liability Insurance Policy naming HDS (or any of its subsidiaries or affiliates) as additionally insured
- UPC Coding on all Individual products purchased by HDSSS



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**ELECTRONIC TRADING TECHNOLOGY**

If Yes, please check all that apply:

- |                                          |                                                 |
|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 850 PO          | <input type="checkbox"/> 855 PO Acknowledgement |
| <input type="checkbox"/> 844/845/849 SPA | <input type="checkbox"/> 856 ASN                |
| <input type="checkbox"/> 810 Invoice     |                                                 |

Is your company ACH (Automated Clearing House) Network and VMI (Vendor Managed Inventory) Capable?  Yes  No

Please list your Electronic Trading Contact:

Contact Name:	E-Mail Address:
<input type="text"/>	<input type="text"/>
Contact Title:	Telephone Number:
<input type="text"/>	<input type="text"/>
	Fax Number:
	<input type="text"/>

**SUPPLIER REBATE INFORMATION**

<b>Program Effective Date</b>	<b>Select One:</b>
Calendar Year (Default)	<input type="checkbox"/>
Other (specify start and end date) - Requires Director of Sourcing or a more senior HDSSS employee's approval	<input type="checkbox"/>

If other, please specify:

<b>Collection Method</b>	<b>Select One:</b>
Debit Memo	<input type="checkbox"/>
Supplier Credit Memo	<input type="checkbox"/>
Supplier Check	<input type="checkbox"/>
Supplier Wire Transfer	<input type="checkbox"/>
Bank Assisted Financial Instrument	<input type="checkbox"/>
<b>Collection Frequency</b>	<b>Select One:</b>
Monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>
Annually	<input type="checkbox"/>
Other (specify) – Requires Director of Sourcing or a more senior HDSSS employee's approval	<input type="checkbox"/>

If other, please specify:

<b>Calculation Basis</b>	<b>Select One:</b>
Purchases by HDSSS in U.S. Dollars (Default)	<input type="checkbox"/>
Purchases by HDSSS in Units (specify unit of measure) _____	<input type="checkbox"/>
Percent Growth over Prior Year (specify %) _____	<input type="checkbox"/>
<b>Gross or Net</b>	<b>Select One:</b>
Gross Purchases (total of all purchases less trade discounts, new store/location discounts and returns, based on HDS fiscal month end dates) before any cash discounts, prepaid freight, displays and previous marketing and rebate commitments.	<input type="checkbox"/>
Net Purchases (Gross purchases as defined above, less defective returns)	<input type="checkbox"/>
<b>Details of Purchase</b>	<b>Select One:</b>
All Purchases (import & domestic) by all HDS North American divisions, affiliates and subsidiaries (default - as used herein, "North America" means the U.S., Canada, Mexico, Puerto Rico and the U.S. Virgin Islands)	<input type="checkbox"/>
Define Merchandise inclusion/exclusion (list specific details – affix a separate sheet if necessary)	<input type="checkbox"/>



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**VOLUME REBATE ALLOWANCE**

Graduated Program\* (list scale)

Rebate is?

Select...

<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%

**FIXED DOLLAR AMOUNT COMMITMENT**

Fixed Dollar Amount:

**INDIVIDUAL SUPPLIER PRODUCT LINE REBATE**

Rebate is?

Select...

List Product(s):

If No, please specify:

<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	To	<input type="text"/>	<input type="text"/>	%

Notes:

\*Attach additional sheets if necessary

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**OTHER SUPPLIER ALLOWANCES**

Please use this page to document all allowances that have NOT been documented on the previous page. Check all that apply and provide details in the space provided. Include in the details the terms included, calculation basis, collection method, frequency, timeframe and/or other details that apply. As with the previous page, anything besides Gross or Net, or Calendar Year will require an HDSSS Sourcing Director's signature or that of a more senior HDSSS employee.

Freight Allowance	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Truckload Allowance	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Display Allowance	<input type="text"/>	%	Allowance Description:	<input type="text"/>
EDI Allowance	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Early Buy Allowance	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Warehouse Allowance	<input type="text"/>	%	Allowance Description:	<input type="text"/>
New Item/Replacement	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Promotional Allowance	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Co-op/Marketing Allowance	<input type="text"/>	%	Allowance Description:	<input type="text"/>
*New Store/Remodel or location	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Literature	<input type="text"/>	%	Allowance Description:	<input type="text"/>
In-Store Service	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Merchandising P.O.P. Sales	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Product Knowledge Training	<input type="text"/>	%	Allowance Description:	<input type="text"/>
Other	<input type="text"/>	%	Allowance Description:	<input type="text"/>

Notes:

**SUPPLIER REBATE ACCOUNTING CONTACT**

Name: <input type="text"/>	E-Mail Address: <input type="text"/>
Job Title: <input type="text"/>	Telephone Number: <input type="text"/>
	Fax Number: <input type="text"/>

**REMIT TO ADDRESS FOR SUPPLIER PAYMENTS**

Send checks or correspondence related to all allowance programs to the address listed below:

HD Supply Support Services, Inc.  
Global Support Center  
Attn: Supplier Reporting & Analysis  
501 West Church Street  
Orlando, FL 32805

Please be sure that all checks are made payable to "HD Supply Support Services, Inc.".

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**ADDITIONAL NOTES**

Use this section to list additional terms, notes and/or requirements not covered in the preceding sections:

A large, empty rectangular box with a black border, intended for the user to enter additional terms, notes, or requirements. The box is currently blank.



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**SUPPLIER ACKNOWLEDGEMENT**

Supplier acknowledges that HDSSS is authorized to collect all funds paid via (HDSSS) debit memo or (Supplier) credit memo by deducting such funds from any payment to Supplier. This deduction authorization is valid for all payment forms, including but not limited to, Check, Electronic Funds Transfer (EFT), Letter of Credit, or Authority-to-Pay. If there is no amount due Supplier or if the amounts due Supplier are lower than the funds due HDSSS, the Supplier shall pay HDSSS the amount due within 30 days of receipt of notification by HDSSS.

Funds that are to be remitted to HDSSS via check, credit memo or wire transfer will be paid in the lawful currency of the United States of America no later than the date of such funds. If payment is not received within 30 days, HDSSS is authorized to collect all funds due by deducting such funds from any payment to Supplier. This deduction authorization is valid for all payment forms, including, but not limited to, Check, Electronic Funds Transfer (EFT), Letter of Credit, or Authority-to-Pay. If adequate funds are not available to affect the deduction, Supplier will be responsible for payment of funds due.

In the event an earlier agreement between the parties pertaining to the subject matter hereof exists, and is currently in effect, to the extent any rebates, payment terms, discounts, allowances or other similar provisions are more favorable to HDSSS (as determined by HDSSS in its sole and absolute discretion) under the earlier agreement than under this Information Sheet (and related SBA), the provisions under the earlier agreement shall control unless the parties hereto have expressly identified such provisions and agreed in writing that such identified provisions are null and void and of no further force or effect.

BY SIGNING BELOW, SUPPLIER REPRESENTS THAT IT HAS READ, UNDERSTANDS AND AGREES THAT ALL DOCUMENTS OF THE SBA DEFINED IN THE INTRODUCTORY PARAGRAPH ABOVE ARE INCORPORATED BY REFERENCE INTO ALL PURCHASE ORDERS.

IN WITNESS WHEREOF, the parties have executed this Supplier Information Sheet as of this \_\_\_\_day of \_\_\_\_, 200\_\_, which constitutes the effective date of the Supplier Buying Agreement between the parties.

HD SUPPLY SUPPORT SERVICES, INC.

"SUPPLIER"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Name

\_\_\_\_\_  
Name

Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date