



EXCHANGE RETAIL AGREEMENT # _____
Army & Air Force Exchange Service
3911 S. Walton Walker Blvd
Dallas, TX 75236-1598

The Exchange (To be completed by Buyer)

VENDOR PROCUREMENT # _____ **VENDOR PAYMENT #** _____

This agreement will become effective on: _____ or the date signed, whichever is later and will end: _____
 unless sooner terminated. Agreement is extended to end: _____

The agreement has an estimated value of: _____ Virtual Vendor
 New Vendor Update Existing Vendor European Addendum Applies Commodity: _____

VENDOR PROVIDED INFORMATION ****This form must be completed on each line that applies****

Please Type or Print and Attach Blank Letterhead and Company Invoice

Vendor Name: _____ Attention: _____
 Address: _____ City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Phone Number: _____ Fax Number: _____
 Toll Free Number: _____ Email: _____
 Federal Tax Identification Number: _____ Duns Number: _____

Vendor agrees to receive orders and send advanced ship notices (ASNs) and invoices via EDI unless specifically waived by AAFES.

The address above can be used for mailing: Purchase Order Payment Pricing Tickets *Other

*Attach a separate page listing the other addresses and their purposes.

OFFEROR REPRESENTS (Check appropriate boxes):

Business Type: Manufacturing Distribution/Wholesale Carrier Government Other

That it is is not a small business.

That it is is not a women-owned business.

That it is is not a minority business enterprise.

African American Hispanic American Asian Pacific American Native American/Alaskan

That it is is not a Small Disadvantage Business.

That it is is not a Veteran-Owned Business.

That it is is not a Service-Disabled Veteran Owned Business.

That an owner or officer of the firm or the firm or a related firm has has not been convicted of a felony related to a business transaction.

That an owner or officer of the firm or the firm or a related firm has has not been suspended or debarred.

That the person signing this contract is an individual having the authority to obligate the firm contractually.

RETURN POLICY - Vendor must check options below

Option 1 - Defective/Returned Merchandise Allowance: Vendor will allow the defective and returned merchandise allowances as listed in this document as shown in the allowances section on page 2. The percentage must be adequate to cover processing costs.

Exchange facility may dispose of returned merchandise through salvage outlets.

Exchange facility must destroy returned merchandise.

Option 2 - Defective/Returned Merchandise: Return Merchandise to Vendor: Defective/Returned merchandise will be sent from the Exchange facility to vendor. If vendor requests the returned merchandise be sent to them they will be charged cost plus a 10% handling charge and the merchandise will be shipped with return freight charges billed back to vendor. Permanent Return Authorization Number _____, if required for shipment. If automatic return is not possible, an 800 number or e-mail address must be provided to secure Return Authorization over the phone.

Phone Number: _____ Toll Free Number: _____
 Email: _____

ADDRESS TO SHIP RETURNS:

Vendor Name: _____ Attention: _____
 Address: _____ City: _____ State: _____
 Country: _____ Zip/Postal Code: _____

Provide in store service? Yes No If yes, please complete Store Service Level Agreement:

VENDOR SERVICING ORGANIZATION (if applicable)

Company Name: _____ Attention: _____
 Address: _____ City: _____ State: _____ Country: _____ Zip/Postal Code: _____
 Phone Number _____ Fax Number: _____
 Toll Free Number: _____ Email: _____

Attach store service agreement. Programs that are accepted will become part of this agreement.

ALLOWANCES:

Note: Accrual allowances will not be deducted off invoice each invoice. Vendors should not deduct accrual allowances off invoice/each invoice.			Contracting Officer/Buyer	
Please check here if Proof of Performance is required. <input type="checkbox"/>			<input type="checkbox"/> Retail <input type="checkbox"/> eCommerce <input type="checkbox"/> Both	
When Paid			Dept 031- _____ MMC: _____	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual			Dept 031- _____ COC: _____	
Accrual Allowance Type	%	Fixed Dollar Amount	Please submit a Deal Offer Form to the appropriate buyer for these occurrences: Margin Support Digital TV/Radio/Theater Scanback Support Social Media Markdown Support Internet New Item Support Media Package New Store Support Fixture Purchase Air Freight Signage Endcap Support Direct Mail	
Co-op Advertising				
Market Development				
Volume Rebate				
Growth Rebate				
DC - Warehouse				
Distribution				
Freight				
Defective & Returns				
Other:				
Allowances deduct unless payment is received.				
Volume or Growth Rebate				
The volume or growth rebate is calculated and billed for each calendar year, regardless of the start or end date of this agreement, for procurement codes listed.				
From \$ _____	To \$ _____	% _____		
From \$ _____	To \$ _____	% _____		
From \$ _____	To \$ _____	% _____		

SPECIAL INSTRUCTIONS FOR VOLUME OR GROWTH REBATE:

VENDOR TERMS - Negotiable Payment Terms

Negotiable Payment Terms: Cash Discount (enter whole percent) _____ % days available _____ Net payment days available _____ EOM _____

Anticipation Yes No

Purchase order minimum: None _____ Pounds _____ Cases _____ Units _____ Dollars _____

Shipping Terms: Freight FOB Origin FOB Destination

Contractor lead time _____ days after receipt of order or ship date on purchase order, whichever is later.

List all ship points (City, State, Country with Zip/Postal Code):

SUPPLIER REQUIREMENTS

The Exchange Suppliers Requirements are located on the Exchange Internet site at <http://www.shopmyexchange.com>; Doing Business with the Exchange; Important Documents. Sections 1, 2, 2A, 3, 4, 4A, 4B, 5 & 6 apply to all vendors. In addition, the sections and paragraphs below are also made a part of this agreement. Vendor has read and agrees to comply with the provisions as outlined.

TO BE COMPLETED BY BUYER:

- Section 1A, Paragraphs: _____ Section 7, Fashion Distribution Facility: _____
- Section 5A, General Instruction: _____ Section 9, Food and Beverage: _____
- Section 8, Fine Jewelry: _____ Section 11, Retail Merchandise: _____
- Section 10, eCommerce: _____

SIGNATURES

Vendor has read and agrees to comply with the provisions as outlined above and in the Supplier Requirements incorporated by reference.

Vendor Signature	Date	Contracting Officer Signature	Date
Printed Name	Title	Printed Name	COC