

* Supplier Name	* SAP Supplier Number
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Home Office Contact

* Name _____

* Title _____

* Street Address _____

* City _____ * State _____ * Zip _____

* E-Mail Address _____

* Toll Free Telephone _____

Toll Free Fax _____

Website _____

Comments _____

Inventory Replenishment Contact

* Name _____

* Title _____

* Street Address _____

* City _____ * State _____ * Zip _____

* E-Mail Address _____

* Toll Free Telephone _____

Toll Free Fax _____

Comments _____

Remittance Contact

* Name _____

* Title _____

* Street Address _____

* City _____ * State _____ * Zip _____

* Bank Delivery E-Mail Address (if different than Home Office Contact email address) _____

* Toll Free Telephone _____

Toll Free Fax _____

Comments _____

Data Contact (Contact to obtain attributes, selling, and operational information about the products)

* Name _____

* Title _____

* Street Address _____

* City _____ * State _____ * Zip _____

* E-Mail Address _____

* Toll Free Telephone _____

Toll Free Fax _____

Comments _____



US SUPPLIER AGREEMENT
REGULAR/SPECIAL ORDER
MERCHANDISE CONTACT FORM

Shaded Areas For HD Supply Facilities Maintenance Use Only
* Required field

EDI Contact (Contact for EDI questions, exchange issues, or requests)

* Name _____

* Title _____

* Street Address _____

* City _____ * State _____ * Zip _____

* E-Mail Address _____

* Toll Free Telephone _____

Toll Free Fax _____

Comments _____

Return Merchandise Contact

* Name _____

* Title _____

* Street Address _____

* City _____ * State _____ * Zip _____

* E-Mail Address _____

* Toll Free Telephone _____

Toll Free Fax _____

Comments _____

Special Order Contact (Contact to obtain information and pricing for one off customer requests)

Name _____

Title _____

Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Toll Free Telephone _____

Toll Free Fax _____

Comments _____

When supplying Divisional, Market, or Distribution Center level RTV contacts, please attach additional sheets and be sure to include the following information:

Contact Name

RTV Mailing Address (Street Address, City, State, and Zip Code)

Contact Toll Free Phone Number

The HD Supply Facilities Maintenance Division(s), Market(s), or Distribution Center(s) name or number for which the contact information pertains to.

This Contact Form supplements and becomes part of the HD Supply Facilities Maintenance Supplier Agreement between Supplier and HD Supply Facilities Maintenance. In the event of a conflict or inconsistency between the Corporate Form and this Contact Form, the terms contained in this Contact Form will control.

Supplier Signature (must be an Officer) X	Title	Date
Supplier Print Name	Supplier Print Title	Date