



# SUPPLIER PROFILE AND SUBCONTRACTOR CUSTOMER INFORMATION SHEET

*"CUSTOMER NAME"*

## GETTING STARTED:

### INITIAL MEETING WITH CUSTOMER

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- Contact the location and explain that your company is a certified contractor.
- Schedule a date to measure the account and review the program with the appropriate point of contact.

### DELIVERY CYCLE

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- Delivery is Weekly.

## BILLING INSTRUCTIONS

## ADDING NON-CONTRACT ITEMS:

Any requests for merchandise not listed in this summary must be submitted to Arrow Uniform for approval. Any item not listed in this summary invoiced to the customer will not be paid.

## CONTRACT TERMS:

### CONTRACT DESCRIPTION

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- Arrow Uniform contract with Customer is an exclusive agreement.

### LENGTH OF CONTRACT

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- TBD

### PRICE INCREASES

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- TBD

### REPLACEMENT RATES

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- See Products & Services

### GARMENT RETURN POLICIES

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- TBD

**LEAD COMPANY POINT OF CONTACT:**

**QUESTIONS**

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- Should you have any questions please contact Robin Bonham at 313-299-5337.  
[Robin.Bonham@arrowuniform.com](mailto:Robin.Bonham@arrowuniform.com)

**PRODUCTS AND SERVICES – SECTION 1**

Product/Service	Inv/Chg	Delivery Freq.	Service Charge	Min Bill %	Damage Protection Per Piece	Shortage/Damage Charges	
						Shirt	Pant / Other

Cotton Work Pant - Navy	11/5	Weekly					
Cotton Work Shirt - Navy	11/5	Weekly					
Striped Work Shirt Charcoal White	6/3	Weekly					
FR Work Shirt - Navy	5/2	Weekly					
FR Work Shirt - Navy	11/5	Weekly					
FR Work Pant - Navy	11/5	Weekly					
3x5 Quality Mat	Each	Weekly					
3x10 Quality Mat	Each	Weekly					
4x6 Quality Mat	Each	Weekly					
4x8 Quality Mat	Each	Weekly					
Center Pull Towel	Each	E4W					
Center Pull Towel Dispenser	Each	Bi-Weekly					

**LOCATION LISTING (IF MULTIPLE SEE ATTACHED "LOCATION LISTING")**

- 1) Customer  
Address  
City, State Zip  
Contact Name:  
Contact Email:  
Contact Phone:

2) Customer

Address

City, State Zip

Contact Name:

Contact Email:

Contact Phone: