

# VGM Cash Back Advantage

Fax to: VGM 800-711-7785

Company Name \_\_\_\_\_ Federal ID# (required) \_\_\_\_\_  
Management Group Name, if applicable \_\_\_\_\_ e-mail \_\_\_\_\_  
Name of Chef \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ VGM Club Member #, if applicable \_\_\_\_\_

**\*List all food distributors you are purchasing from, not just those affiliated with VGM.**

**Foodservice Distributors:** Weekly distributor purchases \$ \_\_\_\_\_ No. of deliveries per week 1 2 3 4  
Primary Distributor \_\_\_\_\_ Branch \_\_\_\_\_ Customer #\* \_\_\_\_\_  
Secondary Distributor \_\_\_\_\_ Branch \_\_\_\_\_ Customer #\* \_\_\_\_\_  
Secondary Distributor \_\_\_\_\_ Branch \_\_\_\_\_ Customer #\* \_\_\_\_\_

\*You will normally find the account number on the upper left or right side of your invoices.

Note: Please provide both account number and customer number if different. If any of the above accounts are under a name other than your business name, please indicate. If more than one number per distributor, please list all.

**If no Foodservice Distributor, please complete:**

No Food Service Provided at Facility \_\_\_\_\_ Snack Bar Only \_\_\_\_\_

Use Cash & Carry \_\_\_\_\_ Restaurant/Foodservice Leased\* \_\_\_\_\_

\*Backside rebates may still be available. Call for details.

**Please provide a copy of one invoice from each of your distributors to eliminate any data entry errors.**

**Smallwares Suppliers:** Weekly purchase volume \$ \_\_\_\_\_  
Primary Supplier \_\_\_\_\_ Branch \_\_\_\_\_ Customer # \_\_\_\_\_  
Secondary Supplier \_\_\_\_\_ Branch \_\_\_\_\_ Customer # \_\_\_\_\_

**Specialty Suppliers:**  
Coffee/Tea Supplier \_\_\_\_\_ Branch \_\_\_\_\_ Customer # \_\_\_\_\_  
Soft Drink Supplier \_\_\_\_\_ Branch \_\_\_\_\_ Customer # \_\_\_\_\_

By submitting this form, Member authorizes VGM to offset any earned rebates against outstanding sums due to VGM.

**Required information continues on second page!**

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**GPO AFFILIATION (REQUIRED)**

**IF NO:**

**DOES NOT CURRENTLY PARTICIPATE IN GPO OR DIRECT CONTRACT RELATIONSHIPS**

*I am not aware of any other GPO food and beverage contracting relationships that are currently in effect. If any other affiliation is in place that I am not aware of, then those relationships are hereby terminated.*

**IF YES:**

**CURRENTLY PARTICIPATES IN A GPO OR PROCUREMENT SERVICES ORGANIZATION (“Affiliation”)**

Participation in more than one Group Purchasing Organization, through a single foodservice distributor is strictly prohibited. Any purchases with a foodservice distributor not affiliated with another GPO will qualify for the VGM CBA program.

GPO/PSO/Buying Group Name: \_\_\_\_\_ Affiliated Foodservice Distributor \_\_\_\_\_

If customer intends to have all purchases with any foodservice distributor qualify for the VGM CBA program, a copy of your termination letter to existing GPO must be provided to VGM.

Termination Date/Start Date with VGM: \_\_\_\_\_

**DIRECT MANUFACTURER AGREEMENTS:**

*If you or your distributors have established direct manufacturer agreements for your operation, and desire to remain on those programs, you must list those in the space below in order to assure those manufacturers of your intention to remain a direct contracted party for those programs. Failure to disclose this information will acknowledge that you agree to participate in the VGM programs with All Manufacturers not disclosed. You also agree to update VGM of any additions or deletions to the programs listed below.*

Manufacturer	Effective Date	Expiration Date	Copy of Contract Provided

**ACKNOWLEDGEMENT AND AUTHORIZATION**  **Accept (required)**

I am an authorized agent, owner or employee of the above Business and acknowledge that I have the authority to enter into a participation agreement with VGM and, to the best of my knowledge, all information provided is correct. If VGM should discover that the information provided is not correct, VGM has the right to cancel or amend our participation in any and all programs through VGM.

I also acknowledge that any current programs we desire to continue through a direct relationship have been disclosed and I understand that we will not be allowed to participate in the VGM program relating to those direct programs. Further, if VGM discovers that a program existed that was not disclosed above, we agree and authorize VGM that we wish to remain on the VGM program. Once notified, I will cancel said direct agreement within 5 business days and agree to repay any monies related to the undisclosed program(s).

**By signing this application, I am authorizing VGM to enroll the Business listed above in all programs related to the above Categories selected. I authorize VGM to contact all distribution companies listed within this participation agreement in order to obtain product level data reporting for the purpose of price deviations, Volume Allowances tracking and opportunity analysis. I agree to and acknowledge that VGM may receive financial consideration from certain program providers based on my participation through the VGM program.**

ON BEHALF OF: \_\_\_\_\_ [Insert Subscribing Business Name]

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_, 201\_\_

PRINT NAME AND TITLE \_\_\_\_\_