



Retail Vendor Application

Completion of this application should not be construed as a guarantee that Cracker Barrel Old Country Store will purchase any goods or services from the prospective vendor.

A. General Information

Company Name _____	Commercial General Liability Coverage
E-Mail Address _____	Yes _____ No _____
Address _____	Carrier Name/Address/Contact
City/State/Zip _____	_____
Telephone _____ Fax _____	_____
Contact Person _____	_____
Title _____	_____
Date Business Established _____	_____
Tax ID Number _____	_____
Dun & Bradstreet Listing (if applicable) _____	_____
_____	Amount of Coverage
_____	_____
Social Security # (if no D&B number) _____	Expiration Date _____

Do you have a website? Yes ___ No ___ Address _____
 Do you give permission for purchased products to appear in our advertisements? Yes ___ No ___

Company Type: Broker _____	Ownership Classification*
Distributor _____	American Minority Group:
Manufacturer _____	African American _____
Manufacturer's Rep _____	Asian Indian American _____
Service _____	Asian Pacific American _____
Structure: Corporation _____	Hispanic American _____
Partnership _____	Native American _____
Sole Proprietor _____	Female Ownership _____
Are you an affiliate, division, or subsidiary of another company? Yes ___ No ___	Other Minority _____
Name of Parent Company (if applicable) _____	Specify _____

*Ownership classification indicated should be defined as at least 51% owned, controlled, and operated by one or more minority individuals of the classification indicated. ("Control" is defined for these purposes as exercising the power to make policy decisions. "Operate" is defined as having active involvement in the everyday management of the business.)

Send a copy of your Supplier Certification (From a Regional Minority Purchasing Council or Approved Equivalent).

M/WBE number, if applicable _____

List four of your Current Company Officers:

Name	Name
Address	Address
City/State/Zip	City/State/Zip
Title	Title
Length of time with company	Length of time with company
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Title	Title
Length of time with company	Length of time with company

B. Financial Information

List the three references indicated below based on your largest provider/customer:

Entity	Contact	Phone
Bank:		
Current customer:		
Current Vendor:		

Has your company ever filed for bankruptcy? Yes___ No___
If yes, indicate date and explanation_____

Is your company involved in any ongoing or pending litigation? Yes___ No___
If yes, please provide the name of the cause of action, the court in which the cause of action is being heard, and the nature of the litigation_____

Indicate the name of your legal firm or contact within your company: _____

Credit and Reference Disclosure Authorization

I understand that in connection with my application for qualification as vendor for Cracker Barrel Old Country Store, Inc., its divisions, affiliates, or related companies, a full verification of credit/financial and business reference may be performed. I hereby consent and authorize Cracker Barrel Old Country Store, Inc., its divisions, affiliates, related companies, or its authorized agent to examine or receive a copy of any and/or all records maintained by any Bank, Credit Agency, or Financial Institution to the same extent as if I personally applied for the same. I hereby authorize such records to be disclosed or furnished in accordance with any request made by the bearer in connection with either my application or any subsequent contractual relationship established pursuant to such application.

I agree to hold harmless anyone who provides or submits information to the bearer, pursuant to this authorization.

Company Name_____ Date_____

Certified By (Signature)_____ Print_____

Title_____

C. Product/Production Information

Give a brief description of your product(s) _____

Brand Name(s) _____

How long has this product been on the market?

Do you hold any copyrights/trademarks? If yes, please specify _____

Send copies of the certificate of registration for the copyrights/trademarks.

Who are your top five current accounts?

Name	Address	Contact	Phone	Volume/Units
1.				
2.				
3.				
4.				
5.				

Indicate where your product(s) are produced: USA % _____ Off shore % _____
 If offshore, indicate primary country (countries) and % _____

Provide the names and addresses of all factories used in the manufacturing of your products

Plant Site/Sales Office	Location	Square Footage	Labor Union (if applicable)	Number of Employees

What is your annual production capacity? What percentage of your production capacity did you utilize in the previous calendar year?

Will we, or will our agent, be allowed to inspect your factories? Yes___ No___
If no, explain:

Do you have the ability to receive purchase orders electronically? Yes___ No___
Do you have the ability to submit invoices electronically? Yes___ No___
Do you have any scheduled factory or company closings times during the year?
(Chinese New Year, etc.) Yes___ No___
If yes, please specify _____

Cracker Barrel Old Country Store® is very concerned about the fair and ethical treatment of vendor employees involved in the process of producing goods on behalf of our company. We expect vendors to utilize the highest quality standards and we require strict compliance with all applicable laws, rules, regulations, industry standards and restrictions for the production, labeling, and packaging of all types of products.

Carefully review the following statements.

Do you certify that forced labor, illegal child labor, nor prison labor is not, and will not, be used in the manufacturing of product? Yes___ No___
Do you certify that OSHA safety standards and/or those standards required by your local government are maintained in your factories? Yes___ No___
Does your company comply with EPA regulations and /or those required by your local government? Yes___ No___
Are there any product safety issues associated with your products? Yes___ No___
(If yes, forward a summary of test results and list of testing agents)

All correspondence should be sent to april.williams@crackerbarrel.com

Fax 615-235-4130

305 Hartmann Drive
Lebanon, TN 37087
Attn: April Williams

Office Use Only	
Date Application Received	
Buyer Who Reviewed	
Date Buyer Reviewed	
VP Approval	
Date of VP Approval	