



**CANADA SUPPLIER BUYING AGREEMENT
REGULAR MERCHANDISE
CORPORATE FORM**

Dept.	Effective Date	Supplier Number
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Shaded Areas For Home Depot Use Only

GLN Global Location Number

Supplier Name	GST Registration Number (if applicable)
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Payment Terms/Discounts/Rebates

Regular Payment Terms <input type="checkbox"/> _____ % _____ Days	New Store Payment Terms <input type="checkbox"/> _____ % _____ Days <small>Overrides Regular Payment Terms for new stores</small>	Trade Discount _____ % <small>Deducted off of each invoice.</small>	New Store Discount _____ % <small>Deducted off of each invoice.</small>
Advertising/Marketing Program <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete an Advertising/Marketing Agreement</small>	Volume Rebate? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete a Volume Rebate Agreement</small>	Currency <input type="checkbox"/> Canadian <input type="checkbox"/> US	Exchange Rate _____

Returned Goods Terms - Please see BEAR RTV Worksheet

Product Information

Registered UCC / EAN Name and Number	Product Category	Do you currently apply EAS tags on your product(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Source Tags requirements are in the "Source Tagging" section of the Reference Manual.</small>	Do your products contain wood (solid or composite)? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, you must complete the "Environmental Wood Data Form".</small>
Do you make claims regarding product packaging such as biodegradable, lead-free, recycled, safe, or any other environmental claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			

Regular In-Store Activities See In Store Services Section of the Supplier Reference Manual for Requirements

In Store Services to be Provided? _____ Yes _____ No	Service provided by: <input type="checkbox"/> Company Representative <input type="checkbox"/> Rep. Agency <input type="checkbox"/> Outside Service Group	Agency Contact: Agency Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Toll Free Telephone #: _____ Ext.: _____ Toll Free Fax #: _____ Ext.: _____ <i>If agencies differ by Merchandising office, please attach.</i>	Call frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
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Corporate Shipping Terms

Standard and Seasonal Minimum Type? <input type="checkbox"/> Retail Dollars (DO) <input type="checkbox"/> Pieces (PI)	Pallet Charge? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Drop Charge? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Ship from (choose one): <input type="checkbox"/> Canada <input type="checkbox"/> United States <small>If The Home Depot will be importer of record (you ship from a US location and your terms are collect or pre-paid origin) you must complete all forms in the SKU set up kit. If shipping from both U.S. and Canada, a separate SBA will need to be completec</small>
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<small>Corporate Terms apply to all Divisions except as amended in the Divisional Shipping Terms Section</small>	Lead Time <small>Calendar Days from time of order until goods arrive at the store</small>	Standard Freight Terms <input type="checkbox"/> Prepaid/Destination <input type="checkbox"/> Collect/Destination <input type="checkbox"/> Prepaid-Add/ Destination	Standard Minimum Amount <small>If Dollars, must be in retail dollars.</small> AB _____ CD _____ EF _____	Seasonal Minimum Amount <small>If Dollars, must be in retail dollars.</small> AB _____ CD _____ EF _____	Seasonal Effective Dates Begin Date: _____ End Date: _____	Fax Orders To: _____
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Shaded Areas For Home Depot Use Only

GLN

Divisional Shipping Terms

Division Name	Div. #	Lead Time <small>Calendar Days from time of order until goods arrive at the store</small>	Standard Freight Terms	Fax Orders To:
Canada	15	_____	<input type="checkbox"/> Prepaid/Destination <input type="checkbox"/> Collect/Destination <input type="checkbox"/> Prepaid-Add/Destination	_____
Quebec	20	_____	<input type="checkbox"/> Prepaid/Destination <input type="checkbox"/> Collect/Destination <input type="checkbox"/> Prepaid-Add/Destination	_____

Supplier Notes:

This Supplier Buying Agreement is subject to the Terms and Conditions attached hereto as well as the Supplier Reference Manual (which may be amended from time to time by The Home Depot), which has been provided to Supplier, and will become part of this Supplier Buying Agreement.

Supplier Signature (must be an officer) X	Title	Date
Supplier Print Name	Supplier Print Title	Date
Home Depot Product Merchant Signature X	PM Print Name	Date
Home Depot VP of Merchandising Signature (Exceptions Only) X	VP Print Name	Date



**CANADA SUPPLIER BUYING AGREEMENT
SPECIAL ORDER MERCHANDISE
CORPORATE FORM**

Dept.	Effective Date	Supplier Number
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Shaded Areas For Home Depot Use Only

Supplier Name		GST Registration (if applicable)	Global Location Number (GLN)
Payment Terms/Discounts		Customer Delivery	
Regular Payment Terms <input type="checkbox"/> _____ % _____ Days	Trade Discount _____ % <small>Deducted off of each invoice.</small>	Direct Delivery to Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a charge? Explain. _____	
Currency <input type="checkbox"/> Canada <input type="checkbox"/> US	Exchange Rate		

Returned Goods Terms - Please see BEAR RTV Worksheet

Product Information	
Do your products contain wood (solid or composite)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you make claims regarding product packaging such as biodegradable, lead-free, recycled, safe, or any other environmental claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
<small>If yes, you must complete the "Environmental Wood Data Form".</small>	

Regular In-Store Activities See In Store Services Section of the Supplier Reference Manual for Requirements

In Store Services to be Provided? _____ Yes _____ No	Service provided by: <input type="checkbox"/> Company Representative <input type="checkbox"/> Rep. Agency <input type="checkbox"/> Outside Service Group	Agency Contact: Agency Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Toll Free Telephone # _____ Ext.: _____ Toll Free Fax # _____ Ext.: _____ <i>If agencies differ by Merchandising office, please attach.</i>	Call frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
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Corporate Shipping Terms

Standard and Seasonal Minimum Type? <input type="checkbox"/> Retail Dollars (DO) <input type="checkbox"/> Pieces (PI)	Pallet Charge? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Drop Charge? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Ship from (choose one): <input type="checkbox"/> Canada <input type="checkbox"/> United States <small>If The Home Depot will be importer of record (you ship from a US location and your terms are collect or pre-paid origin) you must complete all forms in the SKU set up kit. * If shipping points exist in U.S. and Canada, a separate SBA must be completed</small>
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<small>Corporate Terms apply to all Divisions except as amended in the Divisional Shipping Terms Section</small>	Lead Time <small>Calendar Days from time of order until goods arrive at the store</small>	Standard Freight Terms	Standard Minimum Amount <small>If Dollars, must be in retail dollars.</small>	Seasonal Minimum Amount <small>If Dollars, must be in retail dollars.</small>	Seasonal Effective Dates	Fax Orders To:
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Corporate	_____	<input type="checkbox"/> Prepaid/Destination <input type="checkbox"/> Collect/Destination <input type="checkbox"/> Prepaid-Add/Destination	AB _____ CD _____ EF _____	AB _____ CD _____ EF _____	Begin Date: _____ End Date: _____	_____
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SPECIAL ORDER MERCHANDISE
CORPORATE FORM**

Dept.	Effective Date	Supplier Number
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Shaded Areas For Home Depot Use Only

Divisional Shipping Terms				
Division Name	Div. #	Lead Time <small>Calendar Days from time of order until goods arrive at the store.</small>	Standard Freight Terms	Fax Orders To:
Canada	15	_____	<input type="checkbox"/> Prepaid/Destination <input type="checkbox"/> Collect/Destination <input type="checkbox"/> Prepaid-Add/Destination	_____
Quebec	20	_____	<input type="checkbox"/> Prepaid/Destination <input type="checkbox"/> Collect/Destination <input type="checkbox"/> Prepaid-Add/Destination	_____
Supplier Notes:				

This Supplier Buying Agreement is subject to the Terms and Conditions attached hereto as well as the Supplier Reference Manual (which may be amended from time to time by The Home Depot), which has been provided to Supplier, and will become part of this Supplier Buying Agreement.

Supplier Signature (must be an officer) X	Title	Date
Supplier Print Name	Supplier Print Title	Date
Home Depot Product Merchant Signature X	PM Print Name	Date
Home Depot VP of Merchandising Signature (Exceptions Only) X	VP Print Name	Date



**CANADA SUPPLIER BUYING AGREEMENT
REGULAR/SPECIAL ORDER MERCHANDISE
CONTACT FORM**

Dept.	Effective Date	Supplier Number
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Shaded Areas For Home Depot Use Only

Supplier Name _____

Corporate Contact

Name _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____

Divisional Sales Office Contact Home Depot's Divisional Sales Merchant contact if different from Corporate

Name _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____

Market Contact Store contact if different from Corporate or Divisional (sales/service representative). Attach additional sheets, if necessary.

Name _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____

Accounts Receivable/Credit Contact

Name _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____

UPC Contact

Name _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____



**CANADA SUPPLIER BUYING AGREEMENT
REGULAR/SPECIAL ORDER MERCHANDISE
CONTACT FORM**

Dept.	Effective Date	Supplier Number
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Shaded Areas For Home Depot Use Only

Product Information Entry System Contact See "Product Information Entry System" section of the Reference Manual for More Information Regarding this Contact's Role

Name of Primary Project Manager _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Corporate Web Site Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____

Name of Secondary Project Manager _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Corporate Web Site Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____

Corporate Return Goods Contact Contact for stores to get RGA and return information

Name _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____

When supplying Divisional, Market, or Store 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
- Home Depot Division(s), Market(s), or Store(s) name or number for which the contact information pertains to.

Supplier Guardian Point of Contact Corporate contact to manage user access to Home Depot systems

Name (First, Middle, Last) _____
 Title _____
 Phone Number _____
 Mailing Address _____
 All Email Addresses _____
 Pager Number _____
 Cell Phone Number _____
 Fax Number _____
 Electronic Fax Number (like Efax) _____
 Additional Contact Phone Number _____
 Manager or Contract Officer's Name _____



**CANADA SUPPLIER BUYING AGREEMENT
REGULAR/SPECIAL ORDER MERCHANDISE
CONTACT FORM**

Dept.	Effective Date	Supplier Number
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Shaded Areas For Home Depot Use Only

Secondary/Backup Supplier Guardian Point of Contact	
Name (First, Middle, Last)	_____
Title	_____
Phone Number	_____
Mailing Address	_____
All Email Addresses	_____
Pager Number	_____
Cell Phone Number	_____
Fax Number	_____
Electronic Fax Number (like Efax)	_____
Additional Contact Phone Number	_____
Manager or Contract Officer's Name	_____

This Contact Form supplements and becomes part of the Canada Supplier Buying Agreement between Supplier and The Home Depot. 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



CANADA SUPPLIER BUYING AGREEMENT

HOME DEPOT INSURANCE REQUIREMENTS CHART

Home Depot Insurance Category	Home Depot per Occurrence and Aggregate Limit Requirement	Home Depot Department	Home Depot Class/Product Descriptions
I	\$2,000,000	21-Lumber 22-Building Materials 23-Flooring 24-Paint 25-Hardware 26-Plumbing 27-Electrical and Lighting 28-Seasonal/Garden 29-Kitchen and Bath 30-Millwork 59-Blinds and Wallpaper	All Product Classes Siding, Ventilation, Concrete, Gypsum, Metal Products, Fencing All Product Classes All Product Classes except Power Equipment, Pump Sprayers, Pressure Washers, Chemicals All Product Classes except Generators, Miscellaneous Power, Power Tool Accessories, Deck and Drywall Screw Guns, Knives Housewares None Refuse Containers, Trash Bags, Planters, Hose, Decorative Holiday(non-electrical), Cookware, Apparel, Rakes, Fireplaces, Storage Buildings, Landscape Fencing, Seed/Bulbs, Pool Accessories, Animal Care, Pet Supplies, Watering, Live Goods, Cleaning Accessories (Brooms, Mops, Sponges, etc.) Kitchen Cabinets, Kitchen Sinks, Vanities, Bath Fixtures Windows, Doors, Mouldings, Glass, Millwork Specialties All Product Classes
II	\$4,000,000	21-Lumber 22-Building Materials 23-Flooring 24-Paint 25-Hardware 26-Plumbing 27-Electrical and Lighting 28-Seasonal/Garden 29-Kitchen and Bath 30-Millwork 59-Blinds and Wallpaper	None Insulation, Roofing None Pump Sprayers Generators, Miscellaneous Power, Power Tool Accessories, Deck and Drywall Screw Guns, Knives None None Resin/Extruded Aluminum Furniture, Outdoor Furniture, Other Agricultural Products, Tools (Rakes, Shovels, etc.), Patio/Hearth, Landscape Accessories None None None
III	\$8,000,000	21-Lumber 22-Building Materials 23-Flooring 24-Paint 25-Hardware 26-Plumbing 27-Electrical and Lighting 28-Seasonal/Garden 29-Kitchen and Bath 30-Millwork 59-Blinds and Wallpaper	None None None Power Equipment, Pressure Washers, Chemicals Fastening Tools, Rope, Chains, Tie-downs, Padlocks, Locks, Truck/Tractor Parts, Batteries, Fire Extinguishers, Garage Door Openers, Pipes and Fittings, Faucets, Pumps and Irrigation Systems, Water Heaters, All Product Classes Fertilizers, Cleaners, Pesticides, Chemical Products, Power Equipment (Lawnmowers), Grills, Decorative Lighting, Pet Supplies, Appliances, Pellet Stoves, Fireplace Accessories, Oils/Fluids, Grease, Tires, Wheelbarrows, Grills, Grill Accessories, Power Equipment, Fountains, Statuary, Concrete Edging, Pavers and Accessories, Garden Wall Block, Step Stones Appliances(major/small), Disposers, Hot Water Dispensers, Light Bars, Whirlpools, Outdoor Spas, Tub & Shower Doors Skylights None
IV	\$20,000,000	21-Lumber 22-Building Materials 23-Flooring 24-Paint 25-Hardware 26-Plumbing 27-Electrical and Lighting 28-Seasonal/Garden 29-Kitchen and Bath 30-Millwork 59-Blinds and Wallpaper	None Ladders, Scaffolding None None None None None None None None None



**CANADA SUPPLIER BUYING AGREEMENT
ENVIRONMENTAL WOOD DATA**

Dept.	Effective Date	Supplier Number
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Shaded Areas for Home Depot Use Only

Supplier Name _____

Product Information

Product Name	Country of Origin (Grown)
Species (Common Name)	Country Region
Species (Scientific Name)	Portion of Product Made from wood or wood fiber <input type="checkbox"/> Whole Product <input type="checkbox"/> Portion of Product If portion, specify (handle, blades, etc.)

Certification Information

Is this wood certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what certification program?
Certification Name and Number	
Chain of Custody Number	

Recycled/Recovered/Salvaged Certification Information

Does product contain recycled, recovered, or salvaged wood fiber? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify percentage(s). Post Consumer Waste % _____ Industrial Scrap % _____ Post Industrial Waste % _____ Recycled Content % _____
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Corporate Contact

Name _____
 Title _____
 Street Address _____
 City _____ State/Province _____ Zip/Postal _____
 E-Mail Address _____
 Toll Free Telephone _____
 Toll Free Fax _____
 Comments _____

This Environmental Wood Data Form supplements and becomes part of the Canada Supplier Buying Agreement between Supplier and The Home Depot. In the event of a conflict or inconsistency between the Corporate Form and this Environmental Wood Data Form, the terms contained in this Environmental Wood Data Form will control.

Supplier Signature (must be an officer) X	Title	Date
Supplier Print Name	Supplier Print Title	Date
Home Depot Product Merchant Signature X	PM Print Name	Date



**CANADA SUPPLIER BUYING AGREEMENT
REMITTANCE VERIFICATION**

Dept.	Vendor Number
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List the EXACT name and address as it appears on your invoice as this will be the name and address that will appear on your checks. Please attach a sample of your invoice complete with billing information.

COMPANY NAME:

ADDRESS:

CITY: STATE/PROV:

ZIP/P.C.: COUNTRY:

PHONE: - - ext. FAX: - -

Write the address for correspondence, charge-backs, etc., if different from the remittance address:

COMPANY NAME:

ADDRESS:

CITY: STATE/PROV:

ZIP/P.C.: COUNTRY:

PHONE: - - ext. FAX: - -

-----PLEASE ATTACH A SAMPLE INVOICE WITH COMPLETE BILLING INFORMATION-----

The remittance name and address must match the name and address on the invoice. If not, please write an explanation on company letterhead with a financial officer's signature and attach to this form with the sample invoice. Thank you.

This Remittance Verification Form supplements and becomes part of the Canada Supplier Buying Agreement between Supplier and The Home Depot. In the event of a conflict or inconsistency between the Corporate Form and this Remittance Verification Form, the terms contained in this Remittance Verification Form will control.

<i>Supplier Signature</i>	<i>Title</i>	<i>Date</i>
<i>Supplier Print Name</i>	<i>Supplier Print Title</i>	



**CANADA SUPPLIER BUYING AGREEMENT
REGULAR/SPECIAL ORDER MERCHANDISE
Logistics Information Form**

Dept.	Effective Date	Supplier Number
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Shaded Areas For Home Depot Use Only

Supplier Name		
Contact Information		
Vendor Transportation or Distribution Contact		Title
Street Address		
City	State/Province	Zip/Postal
Toll Free Telephone Extension	Toll Free Fax Extension	
Shipping Information		
Home Depot Dept.	Product Category	Ship to Home Depot Locations or States
Ship From Address		
City	State/Province	Zip/Postal
Contact Name (if different from above)	Toll Free Telephone Extension	
Home Depot Dept.	Product Category	Ship to Home Depot Locations or States
Ship From Address		
City	State/Province	Zip/Postal
Contact Name (if different from above)	Toll Free Telephone Extension	
Home Depot Dept.	Product Category	Ship to Home Depot Locations or States
Ship From Address		
City	State/Province	Zip/Postal
Contact Name (if different from above)	Toll Free Telephone Extension	
Home Depot Dept.	Product Category	Ship to Home Depot Locations or States
Ship From Address		
City	State/Province	Zip/Postal
Contact Name (if different from above)	Toll Free Telephone Extension	
Home Depot Dept.	Product Category	Ship to Home Depot Locations or States
Ship From Address		
City	State/Province	Zip/Postal
Contact Name (if different from above)	Toll Free Telephone Extension	
Home Depot Dept.	Product Category	Ship to Home Depot Locations or States
Ship From Address		
City	State/Province	Zip/Postal
Contact Name (if different from above)	Toll Free Telephone Extension	

Use copies of this form for additional addresses.

