



Family of Fine Stores

BEL AIR NOB HILL FOOD SOURCE

## SUPPLIER INFORMATION FORM – Non-Food

### Part I - Supplier Information

Company Information			
Company Name			
Address			
City		State	
Postal Code		Country	
Company Phone		Alt. Phone	
Contact Name		Email	
Website			
Product Safety Contact			
Contact Name		Title	
Phone		Email	
Manufacturer Information (If different)			
Company Name			
Address			
City		State	
Postal Code		Country	
Company Phone		Alt. Phone	
Contact Name		Email	
Distributor / Broker Information (If applicable)			
Company Name			
Address			
City		State	
Postal Code		Country	
Company Phone		Alt. Phone	
Contact Name		Email	

- a. Does your facility have a recall plan in place? Yes  No
- b. Does your facility have routine 3<sup>rd</sup> party GMP audit? Yes  No
- c. When was the last 3<sup>rd</sup> party GMP audit conducted?  
 Attach a copy of your last audit report. Certificates are not acceptable. (MM/DD/YY)
- \_\_\_\_\_



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**Part II - Product Information**

**Product Description**

Brief description of the products (e.g. Hand soaps, house plants, or disposable paper goods)

Will products be sold as Raley's private label brand products?

Yes

No

**California Proposition 65**

Do any of your products require a warning pursuant to CA proposition 65?  
For more information, consult the California Office of Environmental Health Hazard  
Assessment (OEHHA) website: <http://oehha.ca.gov/>

Yes

No

**Representative Name:** \_\_\_\_\_

**Representative Title:** \_\_\_\_\_

**Representative Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_