**New Supplier Application**



**SUBMISSIONS WILL NOT BE CONSIDERED UNLESS COMPLETED IN FULL.**

Date:

Company Name:

DUNS Number:

Company Headquarters Address:

City, State, ZIP, Country:

Company Headquarters Phone:

Contact Name and Title:

Contact Phone:

Contact Fax:

Contact Email:

Company Website:

Have you reviewed our Supplier Video? Yes [ ]  No [ ]  (<https://corporate.aldi.us/en/suppliers/supplier-video/>)

Have you reviewed ALDI FAQs? Yes [ ]  No [ ] (<https://corporate.aldi.us/en/suppliers/faqs/>)

**What year was your company started?**

**What are your annual sales?**

**Does your company have a U.S. or Canadian Sales Office?** Yes [ ]  No [ ]

**Are you a broker?** Yes [ ]  No [ ]  **Are you a distributor?** Yes [ ]  No [ ]

**Are your products co-packed?** Yes [ ]  No [ ]

**Is your company able to produce items in Private Label?** Yes [ ]  No [ ]

**Are you able to provide a mixed case of product (ie 2 or more variants per case):** Yes [ ]  No [ ]

**Has your company ever supplied product to ALDI?** Yes [ ]  No [ ]

If so, please list the items supplied:

**What US retailers are you currently supplying?**

**For whom do you currently produce private label products?**

**Has your company shipped product to the United States?** Yes [ ]  No [ ]

**Are you able to quote Duties Delivered Paid (DDP) at a U.S. port?** Yes [ ]  No [ ]

**Production Facility Locations** (Street Address, City, State and Country):

**Where are your pick-up/shipping locations** (City, State and Country):

**Are you familiar with our every day product line?** Yes [ ]  No [ ]

If not, please visit a store location.

What products within our everyday product line are you able to produce for ALDI?

ALDI Special Buys are two week in & out promotions that allow us to provide variety to our customers.
What special buy recommendations is your company able to produce for ALDI?

**In order to supply ALDI, all private label food production facilities must be GFSI Certified and warehouse facilities must be GMP Certified.**

Are you able to provide audit documentation (report, certificate, etc.) to support that each facility has been audited within the last 12 months? Yes [ ]  No[ ]

*\*If yes, please submit a copy of your recent certification for all products’ facilities that you are proposing.*

If you do not currently have an audit on file, are you able to schedule an audit? Yes [ ]  No[ ]

**In order to supply ALDI, your company must carry general and umbrella liability policies. Coverage requirements are based on product category and range from $2M each occurrence/ $3M aggregate to $10M each occurrence/$11M aggregate.**

Can you provide proof of insurance? Yes [ ]  No[ ]

If you do not currently have insurance, are you able to obtain the required coverage? Yes [ ]  No[ ]

If you do not currently carry adequate coverage, are you willing to increase your policy terms to meet ALDI requirements? Yes [ ]  No[ ]

**Please provide details for your top-selling item. For additional items, please complete Supplemental Product Submission Form/s available online at** [**https://corporate.aldi.us/en/suppliers/become-a-supplier/**](https://corporate.aldi.us/en/suppliers/become-a-supplier/)

**Product Name:**

**Detailed Description (ie. weight, pack size, material, color, etc):**

Product Type: Dry [ ]  Refrigerated [ ]  Frozen [ ]  General Merchandise [ ]

Can you produce a National Brand Equivalent? Yes [ ]  No [ ]

Product Features / Claims (ie no artificial colors, BPA-free, no MSG, Made in USA, etc):

Minimum shelf life (in days) at delivery to ALDI warehouse:

Does your product include a warranty: Yes [ ]  No [ ]
If yes, please provide details (US hotline):

**Please provide Market Information for Same/Similar Product below:**

* Based on overall sales for items you manufacture, where does this item rank?
* Please list the items whose sales rank higher than the proposed item.

* Please provide competitive market data to support the proposed item.

Current Retail for same/similar item: $      Oz. size:

Retailer Name:

Do you supply this item to the retailer above? Yes [ ]  No [ ]

Current Retail for same/similar item: $      Oz. size:

Retailer Name:

Do you supply this item to the retailer above? Yes [ ]  No [ ]

 Current Retail for same/similar item: $      Oz. size:

Retailer Name:

Do you supply this item to the retailer above? Yes [ ]  No [ ]

**Please return your completed document via email to** **supplierinfo@aldi.us** **or via mail to New Supplier Team, ALDI Corporate Buying, 1200 N. Kirk Rd., Batavia, IL 60510-1477**.

**Please refrain from sending samples unless requested.
\*ALDI is not liable for any costs incurred by a supplier in attempt to meet ALDI requirements. An Applicant will not become an ALDI supplier until ALDI and the Applicant enter into a formal written agreement. Fees associated with packaging design and product testing are the responsibility of the supplier.**