

## ISLD Supplier Price Allowance (SPA)

Supplier Name:			Supplier Representative:		
Title:			Email:		
Phone:			Date:		
Dear ISLD Pricing: We are submitting the following items for Supplier Price Allowance (SPA) during the following period:  Month:Year:					
NABCA Code	Size	Product Name	Total \$ Allowance Per Case*	Regular Price	Sale Price
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<sup>\*</sup> Bottles Per Case x \$ Discount Per Bottle.