WAL-MART STORES, INC.
WAL-MART - SAM'S CO-OP AGREEMENT
Corporate Accounts Receivable Dept 0685, 1301 S.E. 10th St., Bentonville AR 72716-0685

CO-OP Nbr : 1862461

Country	United States	**THIS FORM WILL SERVE AS A NOTIFICATION OF DEDUCTION ON A FUTURE REMITTANCE. DO NOT SEND A CHECK OR CREDIT MEMO.**	
Merchandise Area	1 - WAL-MART STORES INC.		
Wal-Mart.com	☐		
Payment Method	Invoice Deduction		
Currency	US Dollar		
Exchange Rate	None		
Billing Description	Immediate Billing	Allowance Type	Price Protection
		DC On Hand/Order Amount	69.84 ($69.84 USD)
		Return Center Amount	31.04 ($31.04 USD)
		Store On Hand/Order Amount	16117.52 ($16,117.52 USD)
Distribution Type	**Store Distribution**	Total Allowance Amount	16,218.40 ($16,218.40 USD)
Event Begin Date (MM/DD/YYYY)	10/04/2017	Event End Date (MM/DD/YYYY)	10/04/2017
Deduction Date (MM/DD/YYYY)	10/12/2017		
Supplier #	063602	Department	46 - BEAUTY
Sequence #	0	Import Vendor	**No**
Department Category	736 - FACE CARE	Supplier Name	JOHNSON & JOHNSON CONSUMER INC
Supplier Contact	PAGLUICA, STEVE	RL UserID	JOH4159
Supplier Phone #	479-464-1373	Supplier FAX #	479-464-8033
Contact Email	SPAGLUIC@ITS.JNJ.COM		
Buyer RL UserId	CLLEE	Buyer Email	cllee@wal-mart.com
Buyer Name	Lee, Cindy	Buyer Phone #	1-479-273-6402
New DMM ID/Email	JDPINSO@EMAIL.WAL-MART.COM	CO-OP Creator	**CPPSYS**
Item # (1 item per line)	**See Attachment**	Store/Club # (1 store per line)	**See Attachment**
Job #		Event Type/Name	**PERMANENT COST REDUCTION**
Publication		Marketing Name	
% funded by the Supplier		Multiple Suppliers funding project? **N**	
		If yes...	
Comments / Explanation	**permanent cost/retail adjustment**		
Item Descriptions			

Supplier Accepted/Rejected Date : Wed Oct 11 08:52:56 CDT 2017

List of Attached Documents

PriceProtection_1862461.xls   (Attached bycoopuser) (2017-10-04 10:30:58)

Supplier Contact Signature :   _____

Supplier Contact Name :   _____

Supplier Contact Title :   _____

Date :   _____