

EXHIBIT A

Agreement Regarding Direct Access to Computer System(s)  
of Wakefern Food Corp.

Access should be granted to the following \_\_\_\_\_  
(Company Name)  
associates for the following functions:

<b>NAME</b> <b>(Please include middle initials)</b>	<b>FUNCTIONS</b>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Authorized Representative Signatures:

\_\_\_\_\_ WAKEFERN FOOD CORP.  
Company Name

By: \_\_\_\_\_ By: \_\_\_\_\_  
\_\_\_\_\_  
(Name and Title) (Name and Title)

Date: \_\_\_\_\_ Date: \_\_\_\_\_