

Instructions for completing the Direct Store Delivery New Vendor Form

Vendor's Name – Enter the full name of the vendor that will deliver and bill the product delivered to the retail stores

Department – Complete one form per department.

Billing Address - Vendor's payment remittance address where checks are to be sent.

Vendor's Phone Numbers – Phone and fax number (including area code) of vendors main Account Representative for Wakefern Food Corp.

Billing Terms – Enter the discount percent, discount days and net days.

No of days delivered per week - Minimum number of days in a week that vendor will be servicing stores.

Sales Person/Contact – Name of main Account Representative to Wakefern Food Corp.

AR Contact – Name of main Accounts Receivable Representative to Wakefern Food Corp.

Coverage amount – General Liability insurance (see Trading Partner Terms and Conditions)

Coverage with Whom – Vendors insurance company affording coverage

Hold Harmless Agreement – Check appropriate box if attached (See Trading Partner Terms and Conditions)

Open Coding – Is product marked with an expiration date that a consumer can understand.

No of Days - If answer to open coding is no, supply product shelf life in days.

Guaranteed Sale - meaning product not sold during the program is returned to the vendor for full credit

Kosher Certification Type -

Stores Serviced – List only the actual store numbers that will be serviced by the vendor.



