

Date: _____

Wakefern Vendor Questionnaire

Vendor Name: _____

Vendor Shipping Origin Address _____

Vendor Origin City: _____

Vendor Origin State: _____ Vendor Origin Zip: _____

Vendor Origin Country (if other than USA): _____

Duns # Of Pick up location: _____

Pick up Appointment Contact: _____ Phone # and
Extension: _____

Pick up Contact Fax #: _____

Pick up Contact E – Mail Address: _____

Corporate Traffic Mgr: _____ Traffic Mgr Phone # & Ex.: _____

Customer Service Rep.: _____ Phone # & Ex.: _____

Avg. Time it takes to pick up a load: _____ Shipping hours of operation: _____

Pallet Type (Chep or White) _____ Pallet Exchange?: _____

Drop Lot Pick up Availability?: _____ Who loads the truck?: _____

Trailer Size Requirement: _____ Max Height of Product Including Pallet:



SHIPMENT INFORMATION BY DESTINATION:

<u>Wakefern Destination</u>	<u>Shipments per month</u>	<u>Avg. WGHT. per shipment</u>	<u>Avg. Cases per shipment</u>	<u>Avg. Cube per shipment</u>	<u>Avg. Invoice \$ Amount per shipment</u>
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S. Brunswick, NJ

Dayton, NJ

Elizabeth, NJ

Middletown, NY

Below please describe your company's customer pick up allowance structure: i.e. What pick up allowance does your company offer and how is the allowance determined?
