Wakefern Food Corporation

WAKEFERN NEW VENDOR INFORMATION REQUEST FORM

All information must be complete or the request cannot be processed.

Division: _____

Category Manager: _____

Manufacturer Name: _____
Address: _____
_____

Contact Name: _____
Select One: ( ) Vendor ( ) Food Broker
( ) Product ( ) Service

E-Mail: _____
Phone: _____
Fax: _____

Lead Time: _____

Terms: _____

Remittance Address: _____
_____

Accounting Contact
Name: _____
Phone: _____
Fax: _____

A current CERTIFICATE OF INSURANCE must be sent in PDF format to:
certs@wakefern.com

$5 million minimum with *Wakefern Food Corp. and any subsidiary, member company, and all of their directors, officers, agents, and employees shall be added as additional insureds under Supplier's liability insurance policies*

A sample of your company's INVOICE indicating the remit to address must be attached.
A letter, on company LETTERHEAD, stating the remit to address must be attached.
Please fill out the Reclamation Form attached.

EDI SET-UP

After the vendor number is set up, please have the vendor contact Steven Murphy.

E-mail Address: EDI@WAKEFERN.COM
Phone: (732) 491- 4801
Fax: (732) 491 - 4919