

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

**Wakefern Vendor Questionnaire – Grocery & General Merchandise**

Vendor Name: \_\_\_\_\_

Corporate Address \_\_\_\_\_

Pick-up Appointment Contact: \_\_\_\_\_ Phone # and Extension: \_\_\_\_\_

Pick-up Contact Fax #: \_\_\_\_\_

Pick-up Contact E - Mail Address: \_\_\_\_\_

Corporate Traffic Mgr: \_\_\_\_\_ Phone # & Ex.: \_\_\_\_\_

Customer Service Rep.: \_\_\_\_\_ Phone # & Ex.: \_\_\_\_\_

Avg. Time it takes to pick up a load: \_\_\_\_\_ Shipping hours: \_\_\_\_\_

Pallet Type (Chep or White) \_\_\_\_\_

Drop Lot Pick up Availability?: \_\_\_\_\_ Shipper Load \_\_\_\_\_ Carrier Load \_\_\_\_\_

Trailer Size Requirement: \_\_\_\_\_ Max Height of Product Including Pallet: \_\_\_\_\_

**SHIPMENT INFORMATION BY DESTINATION:**

Wakefern Destination	Avg. Shipments per Month	Avg. Weight per Shipment	Avg. Cases per Shipment	Avg. Cube per Shipment	Avg. Invoice Value per Shipment
S. Brunswick, NJ					
Dayton, NJ					
Elizabeth, NJ					
Breinigsville, PA					

Below please describe your company's customer pick up program, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Handling characteristics for products. Yes \_\_\_ No \_\_\_\_\_. If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing Questionnaire \_\_\_\_\_

Printed name of Person completing Questionnaire \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number; \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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