

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

**Wakefern Vendor Questionnaire- Perishables**

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, PECO, IGPS or White) \_\_\_\_\_

Note: NO PALLET EXCHANGE OR REIMBURSEMENT AT WAKEFERN FACILITY

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

Preferred Carrier: \_\_\_\_\_

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: \_\_\_\_\_