



# THE SAFEWAY COMPANIES

SAFEWAY • VONS • DOMINICK'S • PAVILIONS • CARRS • RANDALLS • TOM THUMB • GENUARDI'S

## Supplier Merger/Acquisition/Divestiture of Product Form *[This Form must be completed on or before the date sixty days after close of the change-of-control transaction.]*

Please check one:

Warehouse

Direct-Store-Delivery  
Delivery

Warehouse & Direct Store

1.0 Provide information about supplier prior to the change of control (HEADQUARTERS):	
Name:	
Address:	
City, State, Zip:	
Key Contact Person:	
Phone Number:	
Fax Number:	
E-mail Address:	
Subsidiaries:	
Divisions:	
Tax ID:	
D&B D-U-N-S No:	
Safeway-assigned vendor number(s):	<i>Contact Safeway Procurement Specialist for your vendor number.</i>

1.1 OLD Broker Representative Information (if supplier has more than one broker representative prior to the change of control, please attach separate sheet for each market):	
Broker Name:	
Broker Address:	
Broker City, State, Zip:	
Name of Account Executive:	
Phone Number:	
Fax Number:	
E-mail Address:	
Market	
Safeway Division	
For Safeway use only: What is WIMS-broker number & outlet?	



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2.0 Provide information about NEW (acquiring) Company (HEADQUARTERS):		
Name:		
Address:		
City, State, Zip:		
Key Contact Person:		
Phone Number:		
Fax Number:		
E-mail Address:		
Subsidiary:		
Divisions:		
Tax ID:		
D&B D-U-N-S No:		
List the entity and product line(s) (attach additional sheet(s) if required)	Entity	Product/Brand name being purchased
Is your company currently a Safeway supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, provide Safeway's assigned vendor number(s):	<i>Contact Safeway Procurement Specialist for your vendor number.</i>	
<b>If NO, do not continue. You need to be set up as a new supplier. Refer to instructions on "How to Become a Safeway Supplier" in the handbook.</b>		

2.1 NEW Broker Representative Information (if there is more than one broker representative, please attach separate sheet for each market):	
Broker Name:	
Broker Address:	
Broker City, State, Zip:	
Name of Account Executive:	
Phone Number:	
Fax Number:	
E-mail Address:	



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Market	
Safeway Division	
For Safeway use only: WIMS-broker number & outlet	

**Supplier Merger/Acquisition/Divestiture of Product Form**  
***[This Form must be completed on or before the date sixty days after close of the change-of-control transaction.]***

This section must be completed if products or operations have been, or will be, discontinued or divested in response to a Federal Trade Commission (FTC) requirement or objection.

<b>3.0 Divestiture of Product Company Information:</b>		
Name of acquirer of divested product or operation:		
Address:		
City, State, Zip:		
Key Contact Person:		
Phone Number:		
Fax Number:		
E-mail Address:		
Subsidiary:		
Divisions:		
Tax ID:		
D&B D-U-N-S No:		
List the entity and product line(s) that have been or will be discontinued or divested (attach additional sheets if required)	Entity	Product/Brand name being purchased
Is your company currently a Safeway vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, provide Safeway's assigned vendor number(s):	<i>Contact Safeway Procurement Specialist for your vendor number.</i>	
<b>If NO, do not continue. Your company needs to be set up as a new supplier. Refer to instructions on "How to Become a Safeway Supplier" in the handbook.</b>		



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## Supplier Merger/Acquisition/Divestiture of Product Form *[This Form must be completed on or before the date sixty days after close of the change-of-control transaction.]*

<b>3.1 NEW Broker Representative Information</b> (if the acquiring entity will have more than one broker representative, please attach separate sheet for each broker representative):	
Broker Name:	
Broker Address:	
Broker City, State, Zip:	
Name of Account Executive:	
Phone Number:	
Fax Number:	
E-mail Address:	
Market	
Safeway Division	
For Safeway use only: WIMS-broker number & outlet	

<b>4.0 Merger/Acquisition Information</b>		
4.1 Date of Acquisition:		
4.2 Will company names remain the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3 If NO, what is new company name?		
4.4 Date Safeway will be doing business with the new company:		
4.5 Did you acquire the entire business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.6 If NO, list the entity or product line(s) you acquired (additional product information will be required below).	Entity	Product Line



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<b>5.0 Other Information Required:</b>	
5.1 Item List /Price Sheet:	<ul style="list-style-type: none"> <li>Provide item list and explain how prices will be honored.</li> </ul>
5.2 Promotional Allowances & trade discounts that have been previously offered to Safeway:	<ul style="list-style-type: none"> <li>Explain how they will be honored.</li> <li>A new Safeway Notice of Promotion Allowances (NOPA) for existing offers must be provided to Manager of National Categories (MNC) to document the new billing address, and must be signed by your sales representative.</li> </ul>
5.3 Supply Points:	<ul style="list-style-type: none"> <li>Provide complete list of direct plant ship points and/or public warehouses servicing Safeway distribution centers.</li> <li>Provide any changes to supply points or consolidation of supply points.</li> <li>Provide transition date</li> </ul>
5.4 Direct Plant Shipments:	<ul style="list-style-type: none"> <li>If Safeway is participating in DPS, will the supplier continue to honor?</li> <li>Will terms of DPS be changing?</li> </ul>
5.5 Shipping Platform:	<ul style="list-style-type: none"> <li>Provide type of programs for pallet exchange, wooden pallet purchase, chep or slipsheets.</li> </ul>
5.6 Pick-up Allowance rate:	<ul style="list-style-type: none"> <li>Provide written agreement of your current pick-up allowance rate.</li> </ul>
5.7 FOB changes:	
5.8 Order Requirements:	<ul style="list-style-type: none"> <li>Min/Max for Deliveries _____</li> <li>Min/Max for Pick-ups _____</li> </ul>
5.9 Transition Date for Purchase Orders:	<ul style="list-style-type: none"> <li>Explain how interim PO's will be forwarded to the new entity and what the timing will be.</li> </ul>
5.10 Transition Date of Invoices:	<ul style="list-style-type: none"> <li>Date when Safeway can expect to receive invoices under the acquired company.</li> </ul>
5.11 Is your company currently participating in Safeway's VMI/CRP Program?	If Yes, provide list of categories within each division.



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***[This Form must be completed on or before the date sixty days after close of the change-of-control transaction.]***

6.0 NEW Invoice Remit-To Address:	
<b>Important:</b> Written notice must be sent to:	Safeway Inc. National Accounting Service Center Warehouse Accounts Payable – Mail Stop 9090 P. O. Box 29071 Phoenix, AZ 85038
Company Name:	
Address:	
City, State, Zip	
D&B D-U-N-S No:	
Accounts Receivable Contact:	Name:
	Title:
	Phone:
	Email:

7.0 New Company EDI Information:	
Name:	
Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
E-mail Address:	
D&B D-U-N-S No:	
Safeway Vendor #	



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**Supplier Merger/Acquisition/Divestiture of Product Form**  
*[The acquiring company must complete this form.]*

7.1 EDI Communication Information:	
Old ID	New ID
ISA01:	
ISA02:	
ISA03:	
ISA04:	
ISA05:	
ISA06:	
ISA07:	
ISA08:	
GS02:	
GS03:	
Transaction(s) Supported:	
Standard/Version Supported:	
Valued Added Network (VAN):	
Direct:	

This Supplier Merger/Acquisition/Divestiture of Product Form should be completed and signed by any entity (the "New Supplier") that acquires or assumes control of an approved Safeway Supplier. By signing this Form in the space provided below, the New Supplier certifies that the information provided above is, to its knowledge, complete and accurate. The New Supplier further agrees to perform all the duties and to be bound by all the terms and conditions of any and all agreements ("Prior Agreement") between Safeway Inc. (and/ or its direct and indirect subsidiaries) and the acquired Safeway Supplier, including, without limitation, Safeway's Continuing Commodity Guaranty and Indemnity Agreement. Assignment of the Prior Agreements to New Supplier and New Supplier's approval as a Safeway supplier are subject to the approval of Safeway, in its sole discretion.

**"New Supplier"**

By: \_\_\_\_\_