## SUPPLIER GENERAL INFORMATION (\*ONE FORM PER ORIGIN SHIP POINT) **SAFEWAY'S USE ONLY** (Contact supplier.support@safeway.com with any questions.) **WIMSUB** setup request Complete this area only if this is the first time Safeway is establishing business transactions with your company. NOTE: In order to change the method by which Safeway purchases **SMIC** group category merchandise, please advise us by letter, or vendor/broker fact sheets. Warehouse Vendor Number SUPPLIER CUSTOMER SERVICE CONTACT INFORMATION Company Name: % discount if paid days, else due Net days from date title transfers via check 000000 - 000 1 Invoice Payment terms Address: 2 Swell allowance (See line #11) City/State: Zip: 3 Trade discount % per case or other Facility Wimsub Buver Customer Service Contact Name: 4 Quantity discount Yes No If yes, provide quantity breakpoints WDEN No If yes, submit a copy of the price list to the Supply Chain Analyst. WDOM 5 Bracket Costing Yes WPHX Title: 6 Minimum order quantity Maximum order quantity Telephone: Order in units of ( X one) Cases Lbs. Cube ft. Pallets Other **WPOR** 7 Shipped via (X) If Buyer's truck complete #8 and #9 WDAL Toll Free: (800) WHOU Fax Number: Truck Rail Buyer's truck email address: 8 Freight allowance \$ per minimum quantity WNCA WANC 9 Pick up address BROKER CUSTOMER SERVICE CONTACT INFORMATION WAUB WELM Company Name: 10 Price protection terms? Yes No WMLO Address: Store stocks Warehouse Invoice WSFS 11 Shipping terms (X) one City/State: Zip: WCOL FOB Destination, Freight Prepaid Customer Service Contact Name: Standard term Title and risk of loss shall not pass to Safeway until goods are unloaded,and possession is tendered to Safeway. **IWCNS** Title: at the destination loading dock. Supplier is responsible for freight payment, including loading and unloading. WEAS Telephone: FOB Origin This term must be authorized by Corporate Traffic. Toll Free: (800) Safeway assumes title and risk of loss to the goods when possession is tendered to Safeway at the point of origin. Fax Number: Supplier is responsible for loading. email address: State/City 12 Shipping point Zip code: \*A separate page is required for each different ship point 13 First Ship Date Invoiced by: Supplier Broker calendar days. (Include P.O. delivery time and transit time) 14 Leadtime for delivery to buyer's warehouse Supplier/Item cannot be set up without these two forms on file with Safeway. 15 Pallet/Slip sheet information (X) Box that applies . Continuing Commodity Guarantee (CCG) Merchandise is shipped on slip sheets 2. Proof of Insurance (POI) В. Merchandise is shipped on 4 way GMA hardwood pallets C. Pallet exchange is available Information Resources Inc D. Merchandise is floorloaded WCPE Attn: National Product Library 16 Is Supplier EDI, DEX, or NEX capable? NEX WCPS EDI DEX 150 North Clinton Street If so, please provide: Chicago, IL 60661-1416 EDI/DEX contact name Requested by: Phone (312) 474-2500 Fax (312) 474-2991 EDI/DEX contact phone Date: EDI/DEX email address: Setup by: Date: