

# New Vendor Form


Foundation for a Valued Partnership



Giant Eagle is going through an exciting time of growth and improvement. We realize that the foundation for our success is high quality vendors, products and data.

# New Vendor Form

## Objectives

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The New Vendor Form was designed to facilitate each of these factors.

## New Vendor Form

### Objectives

- Accuracy



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The information that you provide must be accurate and complete. Incorrect information delays order entry, receiving and timely payment.

## New Vendor Form

### Objectives

- Accuracy
  - Highlight information to be completed by Vendor



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When we designed this form, we focused on capturing accurate and complete information that can be effectively entered into our data systems. Vendor fields are highlighted.



## New Vendor Form

### Objectives

- Accuracy
  - Highlight information to be completed by Vendor
  - Highlight missing information



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A field remains highlighted until it is completed. This highlights missing information.

## New Vendor Form

### Objectives

- Accuracy
  - Highlight information to be completed by Vendor
  - Highlight missing information
  - Reinforce supplemental documentation



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And we use checkboxes and dropdown lists to ensure that all required supplemental documentation is attached to the form when you submit it.

## New Vendor Form

### Objectives

- Accuracy
  - Highlight information to be completed by Vendor
  - Highlight missing information
  - Reinforce supplemental documentation
- Supplier Diversity Program




Giant Eagle is committed to offering small business owners from all ethnic, racial, gender, military veteran and disadvantaged groups the opportunity to provide their products to communities served by Giant Eagle. If your company wishes to be recognized as a diverse supplier, provide your certification status in the supplemental documentation.

## New Vendor Form

File

- Excel file
- 4 tabs (worksheets)

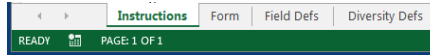


The form is an Excel workbook that contains four spreadsheets. The form is most efficient when completed using Excel or equivalent spreadsheet application. We highly encourage you to do this and submit the form as an Excel file.

# New Vendor Form

## File

- Excel file
- 4 tabs (worksheets)
  - Instructions



This first tab contains instructions on essential information and color coding.

# New Vendor Form

File

- Excel file
- 4 tabs (worksheets)
  - Instructions
  - Form

< >

Instructions


Form

Field Defs

Diversity Defs

READY

PAGE: 1 OF 2

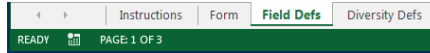
 10

The Form tab is the actual form to be completed and returned to Giant Eagle is on the Form tab.

# New Vendor Form

## File

- Excel file
- 4 tabs (worksheets)
  - Instructions
  - Form
  - Field Definitions

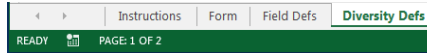


Dropdown lists and field tips are provided to help complete the Form. The Field Definitions tab provides more comprehensive field information.

# New Vendor Form

## File

- Excel file
- 4 tabs (worksheets)
  - Instructions
  - Form
  - Field Definitions
  - Diversity Definitions



If you are not familiar with the various diversity classifications, this tab lists detailed descriptions based on government definitions. Refer to official government documentation and websites for official information.



# New Vendor Form

## Instructions Tab

- Always provide accurate UPC Codes

**GIANT EAGLE**

**New Vendor Form**  
Instructions for Completion

Thank you for submitting your request for our consideration.  
For best form results, set zoom to 100%.

Please take the time to fill out this form completely and accurately. Your cooperation will help Giant Eagle reduce costs and expedite your request. Forms that are submitted with incomplete or inaccurate information will be returned without Giant Eagle processing.

Once approved, it is essential that you provide accurate item information, especially unit and case product barcodes/numbers. Enter the actual barcode or photo of the item barcode MUST be submitted with the New Item Form. Failure to submit either of these barcode samples will result in the request being rejected and returned without further processing. Also, specify the type of barcode code, e.g., EAN-13, UPC-A.

☒ On this New Vendor form, ensure that you enter a remit address if it is different from your corporate address. You must submit a sample invoice that shows the correct remit address when you submit this New Vendor form.

☒ Ensure that the addresses of your Fulfillment Point (location of your shipping warehouse) are accurate (UPC address). Failure to submit a correct address will delay processing of your request.

☒ Submit all requested supplemental documentation when you submit the New Vendor form. Missing documentation will delay processing your request.

☒ Be sure to complete your Name. Submitting this form by e-mail is an acceptable form of signature.

To enter information in this form, move through the form by either pressing the Tab key to move across each row or click in a data field. Extended help tips are denoted by "(i)". Required fields are denoted by "\*\*".

Thank you for your cooperation. We look forward to working with you.

**Legend:**

(i) Indicates that help information is available for this piece of information. Hover mouse pointer over field to display text. More comprehensive field descriptions are available on the Field Data tab.

• Required information.

Colored form fields indicate who should complete the information.

Vendor to complete field. Field loses color once information is entered.

Giant Eagle Dragon Team Member to complete field. Field loses color once information is entered.

Giant Eagle Team Assistants complete field. Field loses color once information is entered.

As an approved vendor, these instructions reinforce our request for you to provide complete and accurate information. It is essential that when you provide item information that the UPC code be correct and accurate.

# New Vendor Form

## Instructions Tab

- Always provide accurate UPC Codes
- Provide a remit address for timely payments

**GIANT EAGLE**  
New Vendor Form  
Instructions for Completion

Thank you for submitting your request for our consideration. For best form results, set aside 10-15 minutes.

Please take the time to fill out this form completely and accurately. Your cooperation will help Giant Eagle reduce costs and expedite your request. Forms that are submitted with incomplete or inaccurate information will be returned without Giant Eagle processing.

Once approved, it is essential that you provide accurate item information, especially unit and case analysis barcodes/numbers. Enter the actual barcode or photo of the item barcode must be submitted with the item item form. Failure to submit either of these barcodes or photos will result in the request being rejected and returned without further processing. Also, specify the type of barcode code, e.g., JAN 15 109 A.

☒ On this New Vendor Form, ensure that you enter a remit address if it is different from your corporate address. You must submit a sample invoice that shows the correct remit address when you submit this New Vendor Form.

☒ Ensure item information of your request (unit/cases or photo) is submitted on your shipping warehouse) are accurate. Failure to submit a correct address will delay processing of your request.

☒ Submit all requested supplemental documentation when you submit the New Vendor Form. Missing documentation will delay processing your request.

☒ Be sure to complete your item. Submitting this form by e-mail is an acceptable form of a request.

To enter information in this form, move through the form by either pressing the Tab key to move across each row or click in a data field. Escaped fields are denoted by "|||". Required fields are denoted by "\*".

Thank you for your cooperation. We look forward to working with you.

**Legend**

(\*) Indicates that this information is available for this type of information. There is no need to enter this field or other info. More comprehensive field descriptions are available on the "Field Data" tab.

• Required information.

Column item fields indicate who request requires the information.

Vendor to complete field. Field (uses color once information is entered).

Guest Eagle/Member to complete field. Field (uses color once information is entered).

Guest Eagle/Member to complete field. Field (uses color once information is entered).

Ensure that you provide a remit address. This is the address where our accounting department will send payments. Providing the correct address helps ensure timely payments.

# New Vendor Form

## Instructions Tab

- Always provide accurate UPC Codes
- Provide a remit address for timely payments
- Accurate warehouse addresses

**GIANT EAGLE**

**New Vendor Form**  
Instructions for Completion

Thank you for submitting your request for our consideration. For best form results, set zoom to 100%.

Please take the time to fill out this form completely and accurately. Your cooperation will help Giant Eagle reduce costs and expedite your request. Forms that are submitted with incomplete or inaccurate information will be returned without Giant Eagle processing.

Once approved, it is essential that you provide accurate item information, especially unit and case analysis barcodes/numbers. Enter the actual barcode or photo of the item barcode must be submitted with the item item form. Failure to submit either of these barcodes or photos will result in the request being rejected and returned without further processing. Also, specify the type of barcode code, e.g., JAN 15 109 A.

On this New Vendor form, ensure that you enter a remit address if it is different from your corporate address. You must submit a sample invoice that shows the **remit remit address when you submit this New Vendor form.**

Ensure that the address or your company's home location or your shipping warehouse) are accurate USPS addresses. Failure to submit a correct address will delay processing of your request.

Submit the requested supplemental documentation when you submit this New Vendor form. Missing documentation will delay processing your request.

Go back to complete your form. Submitting this form by e-mail is an acceptable form of a signature.

To enter information in this form, move through the form by either pressing the Tab key to move across each row or click in a data field. Extended field tips are denoted by "!!!". Required fields are denoted by "\*".

Thank you for your cooperation. We look forward to working with you.

**Legend**

(\*) Indicates that field information is available for this piece of information. There is no other one field or other info. More comprehensive field descriptions are available on the "Field Data" tab.

• Required information.

Column form fields indicate who request requires the information.

Vendor to complete field. Field (uses color once information is entered).

Guest Eagle/Member to complete field. Field (uses color once information is entered).

GIANT Eagle Team has to complete field. Field (uses color once information is entered).

Provide the correct physical address for your warehouse locations.

# New Vendor Form

## Instructions Tab

- Always provide accurate UPC Codes
- Provide a remit address for timely payments
- Accurate warehouse addresses
- Submit supplemental documentation

**GIANT EAGLE**  
New Vendor Form  
Instructions for Completion

Thank you for submitting your request for our consideration. For best form results, set zoom to 100%.

Please take the time to fill out this form completely and accurately. Your cooperation will help Giant Eagle reduce costs and expedite your requests. Forms that are submitted with incomplete or inaccurate information will be returned without Giant Eagle processing.

Once approved, it is essential that you provide accurate item information, especially unit and case analysis barcodes/numbers. Enter the actual barcode or photo of the item barcode must be submitted with the item item form. Failure to submit either of these barcodes or photos will result in the request being rejected and returned without further processing. Also, specify the type of barcode code, e.g., JAN 15 109 A.

On this New Vendor form, ensure that you enter a remit address if it is different from your corporate address. You must submit a sample invoice that shows the correct remit address when you submit this New Vendor form.

Ensure that the address of your long-term location (address of your shipping warehouse) are accurate UPS addresses. Failure to submit a correct address will delay processing of your request.

☒ Submit all requested supplemental documentation when you submit the New Vendor form. Missing documentation will delay processing your request.

☒ Do not resubmit your request. Submitting multiple requests will result in an incomplete form or a closure.

To enter information in this form, move through the form by either pressing the Tab key to move across each row or click in a data field. Extended Help tips are denoted by "!!!". Required fields are denoted by "\*\*".

Thank you for your cooperation. We look forward to working with you.

**Legend**

(I) Indicates that Help information is available for this piece of information. There is one piece of Help for this form. More comprehensive Help descriptions are available on the "Help Desk" tab.

• Required information.

Column form fields indicate who requests require the information.

Vendor to complete field. Field (uses color once information is entered).

Giant Eagle/Supplier/Member to complete field. Field (uses color once information is entered).

Giant Eagle/Member to complete field. Field (uses color once information is entered).

Submit all supplemental documentation. Incomplete or unsigned documents will delay processing your new vendor request.

# New Vendor Form

## Instructions Tab

- Always provide accurate UPC Codes
- Provide a remit address for timely payments
- Accurate warehouse addresses
- Submit supplemental documentation
- Authorize the form

**GIANT EAGLE**

**New Vendor Form**  
Instructions for Completion

Thank you for submitting your request for our consideration. For best form results, set zoom to 100%.

Please take the time to fill out this form completely and accurately. Your cooperation will help Giant Eagle reduce costs and expedite your requests. Forms that are submitted with incomplete or inaccurate information will be returned without Giant Eagle processing.

Once approved, it is essential that you provide accurate item information, especially unit and case analysis barcodes/numbers. Either the actual barcode or photo of the item barcode must be submitted with the item item form. Failure to submit either of these barcode images will result in the request being rejected and returned without further processing. Also, specify the type of barcode code, e.g., JAN 15 109 A.

On this New Vendor form, ensure that you enter a remit address if it is different from your corporate address. You must submit a sample invoice that shows the correct remit address when you submit this New Vendor form.

Ensure that no subsidiaries or your company's home location or your shipping warehouse(s) are accurate USPS addresses. Failure to submit a correct address will delay processing of your request.

Submit all requested supplemental documentation when you submit the New Vendor form. **Submitting supplemental documentation will delay processing your request.**

**Do not to complete your New Vendor Form by e-mail. It is an acceptable form or a signature.**

To enter information in this form, move through the form by either pressing the Tab key or mouse clicks each box or click in a data field. Escaped fields are denoted by "|||". Required fields are denoted by "\*".

Thank you for your cooperation. We look forward to working with you.

**Legend**

(\*) Indicates that field information is available for this level of information. There is no other one field or other one. More comprehensive field descriptions are available on the "Field Data" tab.

• Required information.

Column form fields indicate who request requires the information.

Vendor to complete field. Field (uses color once information is entered).

Given Field/Company Team Member to complete field. Field (uses color once information is entered).

GIANT Eagle Team has/has to complete field. Field (uses color once information is entered).

Authorize the form. The New Vendor Form is a legal document. Emailing this completed form and supplemental documentation is recognized as a legal signature.

# New Vendor Form

## Instructions Tab

- Always provide accurate UPC Codes
- Provide a remit address for timely payments
- Accurate warehouse addresses
- Submit supplemental documentation
- Authorize the form
- Review of form visual aids

**GIANT EAGLE**

**New Vendor Form**  
Instructions for Completion

Thank you for submitting your request for our consideration. For best form results, set zoom to 100%.

Please take the time to fill out this form completely and accurately. Your cooperation will help Giant Eagle reduce costs and expedite your requests. Forms that are submitted with incomplete or inaccurate information will be returned without Giant Eagle processing.

Once approved, it is essential that you provide accurate item information, especially unit and case analysis barcodes/numbers. Enter the actual barcode or photo of the item barcode when submitting with the item form. Failure to submit either of these barcodes or photos will result in the request being rejected and returned without further processing. Also, specify the type of barcode code, e.g., JAN 13, 109-A.

On this New Vendor form, ensure that you enter a remit address if it is different from your corporate address. You must submit a sample invoice that shows the correct remit address when you submit this New Vendor form.

Ensure that no subsidiaries or your company's home location or your shipping warehouse(s) are accurate USPS addresses. Failure to submit a correct address will delay processing of your request.

Submit all requested supplemental documentation when you submit the New Vendor form. Missing documentation will delay processing your request.

Go back to complete your form. Submitting this form by e-mail is an acceptable form of a signature.

To enter information in this form, move through the form by either pressing the Tab key to move across each row or click in a data field. Extended photo tips are denoted by "!!!". Required fields are denoted by "\*\*".

Thank you for your cooperation. We look forward to working with you.

**Legend**

(\*) Indicates that help information is available for this piece of information. There is no help information available for this piece of information. More comprehensive field descriptions are available on the "Field Data" tab.

• Required information.

Column form fields indicate who requests require the information.

Vendor to complete field. Field (uses color once information is entered).

Guest Register/Change Team Member to complete field. Field (uses color once information is entered).

GIANT Eagle Team has to complete field. Field (uses color once information is entered).

A review of the form's visual aids to help with data entry.  
Now, let's get to the actual form.

# New Vendor Form

## Quick Look

### GIANT EAGLE

#### Giant Eagle New Vendor Form

**SUPPLIER DIVERSITY PROGRAM**  
Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Defs tab at the bottom of the page for detailed definitions for each stated diversity.

**Program Type:** (Select all that apply)

<input type="checkbox"/> Small Business (SB)	<input type="checkbox"/> Small Disadvantaged Business (SDB)
<input type="checkbox"/> R/A Business	<input type="checkbox"/> HUB Zone
<input type="checkbox"/> Minority-Owned Business Enterprise (MBE)	<input type="checkbox"/> Woman-Owned Small Business (WOSB)
<input type="checkbox"/> Veteran-Owned Small Business (VOSB)	<input type="checkbox"/> Service Disabled Veteran-Owned Small Business (SDVOSB)
<input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender Business (LGBT)	

**Certificates Attached:** (Select all that apply)

<input type="checkbox"/> VBA	<input type="checkbox"/> HUB Zone	<input type="checkbox"/> NMDC	<input type="checkbox"/> VOSB (I)
<input type="checkbox"/> VOSB (E)	<input type="checkbox"/> SDVOSB	<input type="checkbox"/> LGBT (I)	<input type="checkbox"/> Other

**SIGNED DOCUMENT CHECK:** Ensure that you provide signed copies of these documents when you submit this form.  
☐ Certificate of Insurance      ☐ Giant Eagle Food Contract signed and attached  
☐ Sample Invoice attached      ☐ Giant Eagle LTR Contract signed and attached

**SALESPERSON'S AUTHORIZATION:** E-mailing this form to Giant Eagle is an acceptable method of signature.

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_

**VENDOR REMARKS AND COMMENTS (I)**

---

**BROKER AND VENDOR MAILING INFORMATION**

<b>Broker Name (I)</b>	<b>Broker #</b>
<b>*Vendor Name</b>	<b>Vendor # (I)</b>
<b>*Address 1 (I)</b>	<b>*Country</b>
<b>*Address 2</b>	<b>*State</b>
<b>*City</b>	<b>*Zip Code</b>
<b>*Email Address (I)</b>	<b>Country</b>
<b>*Address 2</b>	<b>State</b>
<b>City</b>	<b>Zip Code</b>

**VENDOR CONTACT INFORMATION**

<b>*Sales Contact</b>	<b>Customer Service</b>	<b>Billing/EDI Contact</b>
<b>Name</b>		
<b>Phone</b>		
<b>Fax</b>		
<b>Email</b>		

Be sure to complete both sides of form.

### GIANT EAGLE

#### Giant Eagle New Vendor Form

**Terms**

<b>*Amount</b>	<b>%</b>	<b>Ordering Information</b>
<b>*Term days</b>		<b>*Lead Line Type</b>
<b>*Cash Discount</b>		<b>*Transportation Mode</b>
<b>Payment Due Day</b>		<b>*Load Build Increment (I)</b>
		<b>*Order Lead Day</b>
<b>*DUNS #</b>		<b>*Log Days</b>

**Load Building Breakdown (I)**

<b>Bracket</b>	<b>Min Qty</b>	<b>Max Qty</b>	<b>Type</b>	<b>Unit</b>	<b>Amount</b>
<b>*Base</b>			<b>Select One</b>		<b>No or \$</b>
<b>Second</b>			<b>Select One</b>		<b>Per Amt Type (I)</b>

**PO BOX (I)**

<b>*Warehouse</b>	<b>Warehouse</b>
<b>*Address</b>	
<b>*City</b>	<b>*Zip Code</b>
<b>*State</b>	<b>*Zip Code</b>
<b>*Country</b>	
<b>*FOB</b>	<b>*Transit Days</b>
<b>Select One</b>	<b>Select One</b>

**ORDER DATES (I)**

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Select One</b>	<b>Select One</b>	<b>Select One</b>	<b>Select One</b>	<b>Select One</b>	<b>Select One</b>	<b>Select One</b>

**GIANT EAGLE USE ONLY**

**\*Date Received** \_\_\_\_\_ **\*Cart Mgr** \_\_\_\_\_ **\*Deadline for Data Entry** \_\_\_\_\_

**\*Buyer** \_\_\_\_\_ **\*Buyer Name** \_\_\_\_\_

**Select One Brand** \_\_\_\_\_ **Select One Name** \_\_\_\_\_ **Select One Giant Eagle**

**Check all that apply** **Select One Market District** \_\_\_\_\_ **Select One Nature's Basket**

**PO Remarks:** Max 30 characters per line **\*Facility** \_\_\_\_\_ **\*Whole** \_\_\_\_\_ **Vendor Type**

**Grocery** **Select One** **SPTS** **Select One**  
**HBC** **Select One** **Crossdock** **Select One**

**CATEGORY MANAGER REMARKS AND COMMENTS**

**SYSTEM ENTRY**

<b>*AP #</b>	<b>*HQ Entry</b>	<b>Date</b>	<b>Initials</b>	<b>*Request AP #</b>	<b>Date</b>	<b>Initials</b>
	<b>WP Entry</b>			<b>*Weekly Logistics</b>		
				<b>*Hourly EDI</b>		
				<b>*MM Entry</b>		

Be sure to complete both sides of form.

Here is a view of the front and back of the form. Be sure to complete the vendor fields on both pages.

# New Vendor Form

## Completion Aids

**GIANT EAGLE**

**GIANT Eagle New Vendor Form**

**SUPPLIER DIVERSITY PROGRAM**  
 Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Defs tab at the bottom of the page for detailed definitions for each stated diversity.

**Program Type:** (Select all that apply)  
☐ Small Business (SB) ☐ Small Disadvantaged Business (SDB)  
☐ 8(a) Business ☐ HUB Zone  
☐ Minority-Owned Business Enterprise (MBE) ☐ Woman-Owned Small Business (WOSB)  
☐ Veteran-Owned Small Business (VOSB) ☐ Service Disabled Veteran-Owned Small Business (SDVOSB)  
☐ Lesbian, Gay, Bisexual, Transgender Business (LGBT)  
 Certifications Attached: (Select all that apply)  
☐ 8(a) ☐ HUB Zone ☐ M/MDC ☐ VOSB (I)  
☐ VOSB (E) ☐ SDVOSB ☐ LGBT (I) ☐ Other

**SIGNED DOCUMENT CHECK:** Ensure that you provide signed copies of these documents when you submit this form.  
☐ Certificate of Insurance ☐ Giant Eagle Invt/Contract signed and attached  
☐ Sample Invoice attached ☐ Giant Eagle LTR Contract signed and attached

**SALESPERSON'S AUTHORIZATION:** E-mailing this form to Giant Eagle is an acceptable method of signature.  
 \*Name \_\_\_\_\_ \*Phone \_\_\_\_\_  
 \*E-Mail \_\_\_\_\_

**VENDOR REMARKS AND COMMENTS (I)**

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**BROKER AND VENDOR MAILING INFORMATION**

**Broker Name (I)** \_\_\_\_\_ **Broker #** \_\_\_\_\_  
 \*Vendor Name \_\_\_\_\_ **Vendor # (I)** \_\_\_\_\_  
 \*Address 1 (I) \_\_\_\_\_ \*Country \_\_\_\_\_  
 Address 2 \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_  
 e-mail Address (I) \_\_\_\_\_ Country \_\_\_\_\_  
 Address 2 \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City \_\_\_\_\_

**VENDOR CONTACT INFORMATION**

*Sales Contact		Customer Service		Billing/EDI Contact	
Name					
Phone					
Fax					
Email					

Be sure to complete both sides of form.

**GIANT Eagle New Vendor Form**

**Terms**

*Amount %	*Lead Time Type	Select One
*Term days	*Transportation Mode	Select One
*Cash Discount	*Load Build Increment (I)	Select One
Payment Due Day	*Order Lead Day	Select One
*DUNS #	*Log Days	Select One

**Load Building Breakdown (I)**

Bracket	Min Qty	Max Qty	Type	Swat	Amount
*Base			Select One		% or \$
*Second			Select One		Per Amt Type (I)

**PO/ORD POINTS (I)**

*Warehouse	Warehouse
*Address	
*City	
*State	
*Country	
*FOB	Select One
*Transit Days	Select One
*Transit Days	Select One

**GIANT EAGLE USE ONLY**

\*Order Received \_\_\_\_\_ \*Deadline for Data Entry \_\_\_\_\_  
 \*Cat Mgr \_\_\_\_\_ \*Buyer Name \_\_\_\_\_  
 \*Buyer \_\_\_\_\_ \*Buyer Name \_\_\_\_\_  
 Select One Brand Select One Name Select One Giant Eagle  
 Check all that apply Select One Market District Select One Nature's Basket  
 PO Remarks: Max 30 characters per line \*Facility \*Whole Vendor Type  
 Grocery Select One SPTS Select One  
 HBC Select One Crossdock Select One

**CATEGORY MANAGER REMARKS AND COMMENTS**

**SYSTEM ENTRY**

*AP #	*HQ Entry	Date	Initials	Date	Initials

Be sure to complete both sides of form.

Let's take a moment and review the aids that are part of the form to help you complete it.




## New Vendor Form

Completion Aids

**Colored data entry fields**

Vendor Supplied

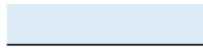
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We've used color and other highlighting to help you recognize the fields that you are responsible for completing. Fields to be completed by the vendor are blue and underlined.

## New Vendor Form

### Completion Aids

#### Colored data entry fields



Vendor Supplied



Giant Eagle Category Manager Supplied




Giant Eagle Category Teams are responsible for completing fields with yellow backgrounds.

## New Vendor Form

Completion Aids

**Colored data entry fields**

	Vendor Supplied
	Giant Eagle Category Manager Supplied
	Giant Eagle Assistant Team Members Supplied

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And Giant Eagle Assistant team members are responsible for completing the green fields.

## New Vendor Form

### Completion Aids

#### Prompts

- An asterisk = required field

**\*Vendor Name**

A field label that is prefaced with an asterisk indicates that the requested information is required.

## New Vendor Form

### Completion Aids

#### Prompts

- An asterisk = required field
  - **\*Vendor Name**
- Dropdown list
  - Choose from defined set of options
  - Indicated by "Select One."

**\*Load Limit Type** Select One.

A field that uses a dropdown list to present a set of defined options is indicated by the words "Select one" in the data entry field.

# New Vendor Form

## Completion Aids

### Prompts

- An asterisk = required field
  - \*Vendor Name**
- Dropdown list
  - Choose from defined set of options
  - Indicated by "Select One."

**\*Load Limit Type**  ▼

- No Limit
- EOQ
- VMX
- Select One.

When you click in the field, a list of options is displayed. Click on the option you want.

## New Vendor Form

### Completion Aids

#### Prompts

- An asterisk = required field
  - \*Vendor Name**
- Dropdown list
  - Choose from defined set of options
  - Indicated by "Select One."
  - \*Load Limit Type** Select One.
- Use the Tab key to move from field to field



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Pressing the Tab key is the best method to move through the form. It ensures that you don't miss a field.

# New Vendor Form

## Completion Aids


### Help


- Field tips

\*Load Limit Type

Select One.

Select Type from dropdown list.



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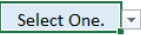
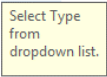

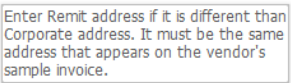
When you do move to a field, if helpful information is available, it appears in a field tip. To remove to the tip, click in a different field.




## New Vendor Form

### Completion Aids

#### Help


- Field tips
  - \*Load Limit Type   

- (!) = hover over label to see information
  - Remit Address (!)   


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Additionally, if there is pertinent information about a field, an exclamation point appears at the end of a label. Hover your mouse over the label to see the information.

# New Vendor Form

## Form Tab

	<b>Giant Eagle New Vendor Form</b>																																					
	<b>SUPPLIER DIVERSITY PROGRAM</b> Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the appropriate classification. Please refer to the Diversity Goals tab at the bottom of the page for detailed definitions for each listed diversity.																																					
<b>Product Type:</b> (Select one) <input type="checkbox"/> Small Business (SB) <input type="checkbox"/> Minority-Owned Business (MBO) <input type="checkbox"/> Woman-Owned Business Enterprise (WBE) <input type="checkbox"/> Veteran-Owned Small Business (VOSB) <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Business (LGBTB) <input type="checkbox"/> Certified Disadvantaged (Select an apply) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Small Disadvantaged Business (SDB) <input type="checkbox"/> 1117F Owner <input type="checkbox"/> Woman-Owned Small Business (WOSB) <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business (SDVOSB) <input type="checkbox"/> LGBTV <input type="checkbox"/> MBOC <input type="checkbox"/> VOSB if	<b>Ordering Information</b> <table border="1"> <tr> <td>Terms</td> <td>Amount</td> <td>%</td> <td>Total Lead Time</td> <td>Select One</td> </tr> <tr> <td>*Term days</td> <td></td> <td></td> <td>*Transportation Mode</td> <td>Select One</td> </tr> <tr> <td>*Cash Discount</td> <td>Select One</td> <td></td> <td>*Load Build Increment (1)</td> <td>Select One</td> </tr> <tr> <td>Payment Due Day</td> <td></td> <td></td> <td>*Invoice Lead Day</td> <td>Select One</td> </tr> <tr> <td></td> <td></td> <td></td> <td>*Log Days</td> <td>Select One</td> </tr> </table>	Terms	Amount	%	Total Lead Time	Select One	*Term days			*Transportation Mode	Select One	*Cash Discount	Select One		*Load Build Increment (1)	Select One	Payment Due Day			*Invoice Lead Day	Select One				*Log Days	Select One											
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<b>SYSTEM ENTRY</b> <table border="1"> <tr> <td>*APP #</td> <td>*ECI Entry</td> <td>Date</td> <td>*Initials</td> <td>Date</td> <td>*Initials</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>*Request AP#</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>*Notify Logistics</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>*Notify IDI</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>*WM Entry</td> <td></td> <td></td> </tr> </table>			*APP #	*ECI Entry	Date	*Initials	Date	*Initials										*Request AP#						*Notify Logistics						*Notify IDI						*WM Entry		
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Be sure to complete both sides of form.																																						

Now that you have a feel for how to enter information, let's look at what information is needed. The form is organized into sections to group information and facilitate entering your information into Giant Eagle systems.

# New Vendor Form

## Diversified Vendors

### Giant Eagle New Vendor Form

Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Data tab at the bottom of the page for detailed definitions for each listed diversity.

**Program Type:** (Select all that apply)

Select One: Small Business (SB)	Select One: Small Disadvantaged Business (SDB)
Select One: Rq Business	Select One: HUB Zone
Select One: Minority-Owned Business Enterprise (MBE)	Select One: Women-Owned Small Business (WOSB)
Select One: Veteran-Owned Small Business (VOSB)	Select One: Service Disabled Veteran-Owned Small Business (SDVOSB)
Select One: Lesbian, Gay, Bisexual, Transgender Business (LGBT)	

**Certifications:** (Select all that apply)

Select One: Rq	Select One: HUB Zone	Select One: MBE	Select One: WOSB
Select One: VOSB	Select One: SDVOSB	Select One: LGBT	Select One: Other

**SIGNED DOCUMENT CHECK:** Ensure that you provide signed copies of these documents when you submit this form.

Select One: \*Certificate of Insurance      Select One: Giant Eagle BuildContract signed and attached

**SUPPLIER'S AUTHORIZATION:** Submitting this form to Giant Eagle is an acceptable method of signature.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

TE Mail: \_\_\_\_\_

**VENDOR REMARKS AND COMMENTS (1)**

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

**BROKER AND VENDOR MAILING INFORMATION**

Broker Name (1)	Broker #
*Vendor Name	Vendor # (1)
*Address 1 (1)	*Country
Address 2	
*City	*State
Address 3	*Zip Code
City	Country
	State
	Zip Code

**VENDOR CONTACT INFORMATION**

Name	Customer Contact	Billing/PO Contact
Phone		
Fax		
Email		

Be sure to complete both sides of form.

### Giant Eagle New Vendor Form

**Terms**

*Amount	%	*Lead Time Type	Select One
*Term days		*Transportation Mode	Select One
*Cash Discount	Select One	*Lead Build Increment (1)	Select One
Payment Due Day		*Order Lead Type	Select One
*Quote #		*Tag Day	

**Lead Building Business**

Business	Min Day	Type	Small	Amount
*Event	Select One	Select One	Select One	Select One
Second	Select One	Put And Total (1)	Select One	

**INSTRUCTIONS**

*Warehouse	Warehouse
*Address	
*City	
*State	
*Zip Code	
*Inventory	
*Name	*Sub Line
*Vendor Day	*Sub Line
*Vendor Day	*Vendor Day

**ORDER DAYS (1)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Select One	Select One	Select One	Select One	Select One	Select One	Select One

**GIANT EAGLE USE ONLY**

\*One Received

\*Cart Map

\*Drop

\*Drop Reason

Select One: Brand

Select One: Name

Select One: Giant Eagle

Select One: Market District

Select One: Region's Budget

PO Remarks: Max 30 characters per line

\*Facility

\*What

Vendor Type

Greenery Select One

SPTS Select One

HSC Select One

Conduct Select One

**CUSTOMER MAILING REMARKS AND COMMENTS**

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

**SIGNATURE**

*APR	*HQ Entry	Date	Initials	*Request AP #	Date	Initials
	*HQ Entry			*Request AP #		
				*Request AP #		
				*Request AP #		

Be sure to complete both sides of form.

Giant Eagle is dedicated to supporting small and diversified vendors. If your company is a member of a recognized diversified supplier program, select Yes from the dropdown next to the appropriate Diversified Supplier field. Indicate if your company is certified, if the certificates are attached and which program you are associated with. Your company may qualify for several programs.



# New Vendor Form

## Authorization

[illegible]

You must authorize this form as this is a legal document. Attaching the form to an email addressed to Giant Eagle is an acceptable form of signature. Type your name in the signature field so we can clearly read your name. Provide your phone number and email address so we can contact you if we have questions regarding any information on this form. If you have additional information that you feel is pertinent to your application, add it to the Remarks and Comments field.

# New Vendor Form

## Mailing Information

**GIANT EAGLE New Vendor Form**

**SUPPLIER DIVERSITY PROGRAM**  
Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Data tab at the bottom of the page for detailed definitions for each listed diversity.

**Program Type:** (Select all that apply)  
 Select One: Small Business (SB)    Select One: Small Disadvantaged Business (SDB)  
 Select One: Rq Business    Select One: HUB Zone  
 Select One: Minority-Owned Business Enterprise (MBE)    Select One: Women-Owned Small Business (WOSB)  
 Select One: Veteran-Owned Small Business (VOSB)    Select One: Service Disabled Veteran-Owned Small Business (SDVOSB)  
 Select One: Lesbian, Gay, Bisexual, Transgender Business (LGBT)  
 Certifications: **Available:** (Select all that apply)  
 Select One: Rq    Select One: HUB Zone    Select One: MBE    Select One: WOSB  
 Select One: VOSB    Select One: SDVOSB    Select One: LGBT    Other: \_\_\_\_\_

**SIGNED DOCUMENT CHECK:** Ensure that you provide signed copies of these documents when you submit this form.  
 Select One: \*Certificate of Insurance    Select One: Giant Eagle Bond Contract signed and attached  
 Select One: \*Sample Invoice attached    Select One: Giant Eagle LTR Contract signed and attached

**SALSPERSON'S AUTHORIZATION:** Emailing this form to Giant Eagle is an acceptable method of signature.  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \*E-Mail: \_\_\_\_\_

**VENDOR REMARKS AND COMMENTS ( )**

**BROKER AND VENDOR MAILING INFORMATION**

Broker Name ( ) \_\_\_\_\_ Broker # \_\_\_\_\_  
 Vendor Name \_\_\_\_\_ Vendor # ( ) \_\_\_\_\_  
 \*Address 1 ( ) \_\_\_\_\_ \*Country \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_  
 \*Address 3 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**VENDOR CONTACT INFORMATION**

Name	Phone	Fax	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GIANT EAGLE New Vendor Form**

**TERMS**  
 \*Amount: \_\_\_\_\_ %    \*Lead Time Type: \_\_\_\_\_  
 \*Term days: \_\_\_\_\_ \*Transportation Mode: \_\_\_\_\_  
 \*Cash Discount: \_\_\_\_\_ \*Lead Build Increment ( ) \_\_\_\_\_  
 Payment Due Day: \_\_\_\_\_ \*Order Lead Type: \_\_\_\_\_  
 \*Sub # \_\_\_\_\_ \*Tag Day: \_\_\_\_\_

**Lead Building Schedule**  
 \*Week: \_\_\_\_\_ \*Max Day: \_\_\_\_\_ \*Type: \_\_\_\_\_ \*Amount: \_\_\_\_\_  
 \*Event: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*N=5: \_\_\_\_\_ \*Select One: \_\_\_\_\_  
 \*Second: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*Put And Total ( ) \_\_\_\_\_ \*Select One: \_\_\_\_\_

**INSTRUCTIONS**  
 \*Warehouse: \_\_\_\_\_ \*Warehouse: \_\_\_\_\_  
 \*Address: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
 \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
 \*Quantity: \_\_\_\_\_  
 \*Name: \_\_\_\_\_ \*Sub Line: \_\_\_\_\_ \*Select Line: \_\_\_\_\_ \*Warehouse: \_\_\_\_\_

**\*ORDER DAYS ( )**  
 Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
 \*Order Received: \_\_\_\_\_ \*Deadline for Data Entry: \_\_\_\_\_

**GIANT EAGLE USE ONLY**  
 \*One Received: \_\_\_\_\_ \*Cart Map: \_\_\_\_\_ \*Drop: \_\_\_\_\_  
 \*Select One: Brand \_\_\_\_\_ \*Select One: Name \_\_\_\_\_ \*Select One: Giant Eagle  
 \*Check off one only: \_\_\_\_\_ \*Market District: \_\_\_\_\_ \*Select One: Return's Budget  
 \*PO Remarks: Max 30 characters per line \_\_\_\_\_ \*Facility: \_\_\_\_\_ \*What: \_\_\_\_\_ \*Vendor Type: \_\_\_\_\_  
 \*Greenery: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*SPS: \_\_\_\_\_ \*Select One: \_\_\_\_\_  
 \*HSC: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*Covers: \_\_\_\_\_ \*Select One: \_\_\_\_\_

**CUSTOMER MAILING REMARKS AND COMMENTS**

**SIGNATURE**  
 \*APR: \_\_\_\_\_ \*HQ Entry: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 \*Request AP #: \_\_\_\_\_ \*Requesting: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 \*Body ID: \_\_\_\_\_ \*Body ID: \_\_\_\_\_  
 \*WH Entry: \_\_\_\_\_

Be sure to complete both sides of form.

This is the first section where you start to complete you company's information. Enter your company name and address.

# New Vendor Form

## Mailing Information

		<b>Giant Eagle New Vendor form</b>	
<b>SUPPLIER DIVERSITY PROGRAM</b> Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Definition tab at the bottom of the page for detailed definitions for each stated diversity.			
<b>Program Type:</b> <input type="checkbox"/> <b>DBE (8(a)(1) 40%)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> <b>Small Business (SB)</b>  <input type="checkbox"/> <b>8(a)(1) Business</b>  <input type="checkbox"/> <b>Minority-Owned Business Enterprise (MBOE)</b>  <input type="checkbox"/> <b>Veteran-Owned Small Business (VOSB)</b>  <input type="checkbox"/> <b>Lebanese, Arab, or Israeli Transgender Business (LATOIT)</b>  <input type="checkbox"/> <b>Service member or spouse (please enter your agency)</b>  <input type="checkbox"/> <b>Small Disadvantaged Business (SDB)</b> </div> <div style="width: 50%;"> <input type="checkbox"/> <b>Small Disadvantaged Business (SDB)</b>  <input type="checkbox"/> <b>8(a)(1) Business</b>  <input type="checkbox"/> <b>Veteran-Owned Small Business (VOSB)</b>  <input type="checkbox"/> <b>Lebanese, Arab, or Israeli Transgender Business (LATOIT)</b>  <input type="checkbox"/> <b>Service member or spouse (please enter your agency)</b>  <input type="checkbox"/> <b>Small Disadvantaged Business (SDB)</b> </div> </div>			
<b>FORWARD DOCUMENT CHECK:</b> Ensure that you provide signed copies of these documents when you submit this form. <input type="checkbox"/> <b>DBE</b> *Certificate of ownership <input type="checkbox"/> <b>DBE</b> *Sample invoice attached <input type="checkbox"/> <b>DBE</b> *Giant Eagle TPR Contract signed and attached			
<b>SIGNER'S AUTHORIZATION:</b> Submitting this form to Giant Eagle is an acceptable method of signature.			
<b>*Name</b> <b>*E Mail</b> <b>VENDOR REMARKS AND COMMENTS (1)</b>			
<b>BROKER AND VENDOR MAILING INFORMATION</b>			
<b>Broker Name (1)</b> <b>*Vendor Name</b> <b>*Address 1 (1)</b> <b>Address 2</b> <b>*City</b> <b>Address 3</b> <b>City</b>			
<b>Remit Address (1)</b> <b>Address 2</b> <b>City</b>		<b>Country</b> <b>State</b> <b>Zip Code</b>	
<b>Country</b> <b>City</b> <b>State</b> <b>Zip Code</b>			
<b>VENDOR CONTACT INFORMATION</b>			
<b>*Sales Contact</b> <b>Name</b> <b>Phone</b> <b>Fax</b> <b>Email</b>		<b>Customer Contact</b> <b>Name</b> <b>Phone</b> <b>Fax</b> <b>Email</b>	
<b>Billing/EDI Contact</b> <b>Name</b> <b>Phone</b> <b>Fax</b> <b>Email</b>		<b>Billing/EDI Contact</b> <b>Name</b> <b>Phone</b> <b>Fax</b> <b>Email</b>	
<b>TERMS</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <b>*Amount</b>  <input type="text"/> %  <b>*Term days</b>  <input type="text"/> </div> <div style="width: 50%;"> <b>*Load Limit Type</b>  <input type="text"/> </div> </div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <b>*Can Discount</b>  <input type="text"/> </div> <div style="width: 50%;"> <b>*Transportation Mode</b>  <input type="text"/> </div> </div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <b>*Payment Due Days</b>  <input type="text"/> </div> <div style="width: 50%;"> <b>*Load Build Increment (1)</b>  <input type="text"/> </div> </div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <b>*Vendor Due Days</b>  <input type="text"/> </div> <div style="width: 50%;"> <b>*Tag Days</b>  <input type="text"/> </div> </div>			
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If your remit address is different than your company address, ensure that you complete the remit address fields. The remit address must be the same as the address shown on the sample invoice that you provide as part of the supplemental documentation.

## New Vendor Form

### Contact Information


[illegible]

Enter up to three sets of contact information.



## New Vendor Form

### Contact Information - Sales

		<b>Giant Eagle Vendor Form</b>																																					
<b>SUPPLIER OVERSIGHT PROGRAM</b> Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the appropriate classification. Please refer to the Diversity Cells tab at the bottom of the form for detailed definitions for each stated diversity.																																							
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You must enter at least one name and phone number of the person that Giant Eagle may contact with questions about your vendor and products.

# New Vendor Form

## Contact Information – Customer Service

**GIANT EAGLE New Vendor Form**

**SUPPLIER DIVERSITY PROGRAM**  
Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Data tab at the bottom of the page for detailed definitions for each listed diversity.

**Program Type:** (Select all that apply)  
 Select One: Small Business (SB)    Select One: Small Disadvantaged Business (SDB)  
 Select One: Rq Business    Select One: HUB Zone  
 Select One: Minority-Owned Business Enterprise (MBE)    Select One: Women-Owned Small Business (WOSB)  
 Select One: Veteran-Owned Small Business (VOSB)    Select One: Service Disabled Veteran-Owned Small Business (SDVOSB)  
 Select One: Lesbian, Gay, Bisexual, Transgender Business (LGBT)  
 Certifications: **Available:** (Select all that apply)  
 Select One: Rq    Select One: HUB Zone    Select One: MBE    Select One: WOSB  
 Select One: VOSB    Select One: SDVOSB    Select One: LOBT    Other: \_\_\_\_\_

**SIGNED DOCUMENT CHECK:** Ensure that you provide signed copies of these documents when you submit this form.  
 Select One: \*Certificate of Insurance    Select One: Giant Eagle Retail Contract signed and attached  
 Select One: \*Sample Invoice attached    Select One: Giant Eagle LTR Contract signed and attached

**SALSPERSON'S AUTHORIZATION:** Emailing this form to Giant Eagle is an acceptable method of signature.  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \*E-Mail: \_\_\_\_\_

**VENDOR REMARKS AND COMMENTS ( )**

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**BROKER AND VENDOR MAILING INFORMATION**

Broker Name ( ) \_\_\_\_\_ Broker # \_\_\_\_\_  
 \*Vendor Name \_\_\_\_\_ Vendor # ( ) \_\_\_\_\_  
 \*Address 1 ( ) \_\_\_\_\_ \*Country \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_  
 \*Address 3 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**VENDOR CONTACT INFORMATION**

Name \_\_\_\_\_ \*Main Contact \_\_\_\_\_ \*Customer Service \_\_\_\_\_ \*Billing/PO Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**GIANT EAGLE New Vendor Form**

**Terms**  
 \*Amount %    \*Lead Time Type \_\_\_\_\_  
 \*Term days \_\_\_\_\_ \*Transportation Mode \_\_\_\_\_  
 \*Cash Discount \_\_\_\_\_ \*Lead Build Increment ( ) \_\_\_\_\_  
 Payment Due Day \_\_\_\_\_ \*Order Lead Time \_\_\_\_\_  
 \*Quote # \_\_\_\_\_ \*Tag Day \_\_\_\_\_

**Lead Building Business**  
 \*Broker \_\_\_\_\_ \*Max Qty \_\_\_\_\_ \*Type \_\_\_\_\_ \*Amount \_\_\_\_\_  
 \*Event \_\_\_\_\_ \*Select One \_\_\_\_\_ \*N=5 \_\_\_\_\_ \*Select One \_\_\_\_\_  
 \*Second \_\_\_\_\_ \*Select One \_\_\_\_\_ \*Put And Total ( ) \_\_\_\_\_ \*Select One \_\_\_\_\_

**INSTRUCTIONS**  
 \*Warehouse \_\_\_\_\_ \*Warehouse \_\_\_\_\_  
 \*Address \_\_\_\_\_  
 \*City \_\_\_\_\_ \*Zip Code \_\_\_\_\_ \*Zip Code \_\_\_\_\_  
 \*State \_\_\_\_\_ \*Quantity \_\_\_\_\_  
 \*Name \_\_\_\_\_ \*Product Line \_\_\_\_\_ \*Product Line \_\_\_\_\_ \*Product Line \_\_\_\_\_  
 \*ORDER DAYS ( )    Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
 \*One Received \_\_\_\_\_ \*Deadline for Data Entry \_\_\_\_\_  
 \*Cart Map \_\_\_\_\_ \*Cart Map Name \_\_\_\_\_  
 \*Drop \_\_\_\_\_ \*Drop Name \_\_\_\_\_  
 \*Select One Brand \_\_\_\_\_ \*Select One Name \_\_\_\_\_ \*Select One Giant Eagle  
 \*Check off one each \_\_\_\_\_ \*Select One Market District \_\_\_\_\_ \*Select One Return's Budget \_\_\_\_\_  
 PO Remarks: Max 30 characters per line    \*Facility \_\_\_\_\_ \*What \_\_\_\_\_ Vendor Type \_\_\_\_\_  
 \*Greenery Select One \_\_\_\_\_ \*SPS Select One \_\_\_\_\_  
 \*HSC Select One \_\_\_\_\_ \*Coverside Select One \_\_\_\_\_

**CUSTOMER SERVICE REMARKS AND COMMENTS**

**SIGNATURE**  
 \*APR \_\_\_\_\_ \*HQ Entry \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_  
 \*BQ Entry \_\_\_\_\_ \*Request AP # \_\_\_\_\_ \*Requesting \_\_\_\_\_  
 \*BQ Entry \_\_\_\_\_ \*Requesting \_\_\_\_\_ \*Requesting \_\_\_\_\_  
 \*Requesting \_\_\_\_\_ \*Requesting \_\_\_\_\_ \*Requesting \_\_\_\_\_

Be sure to complete both sides of form.

If you have a customer service representative or someone who assists with orders, shipping issues, et cetera, enter that person's information in the middle column.



# New Vendor Form


## Terms

[illegible]

At the top of the back page or second page, enter your terms for payment information.

# New Vendor Form

## Ordering Information



### Client Eagle New Vendor Form

**SUPPLIER DIVERSITY PROGRAM**

Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the appropriate classification. Please refer to the Diversity tab at the bottom of the page for detailed definitions for each stated diversity.

**Program Type:** Select one (fill in one)

<input type="checkbox"/> Select One Small Business (SBS)	<input type="checkbox"/> Select One Small Disadvantaged Business (SDB)
<input type="checkbox"/> Select One Minority Business	<input type="checkbox"/> Select One HUBZone
<input type="checkbox"/> Select One Minority-Owned Disadvantaged Enterprise (MDE)	<input type="checkbox"/> Select One Women-Owned Small Business (WOSB)
<input type="checkbox"/> Select One Veteran-Owned Small Business (VOSB)	<input type="checkbox"/> Select One Service-Disabled Veteran-Owned Small Business (SDVOSB)
<input type="checkbox"/> Select One Lesbian, Gay, Bisexual, Transgender Business (LGBTB)	<input type="checkbox"/> Select One

*Continuing your business (enter email address)*

<input type="checkbox"/> Select One RMI	<input type="checkbox"/> Select One HUBZone	<input type="checkbox"/> Select One MDE/SD	<input type="checkbox"/> Select One VOSB/SD
<input type="checkbox"/> Select One WOSB/SD	<input type="checkbox"/> Select One LGBT ( )	<input type="checkbox"/> Other	

**SIGNED DOCUMENT CHECK:** Ensure that you provide signed copies of these documents when you submit this form.

☐ Certificate of Insurance      ☐ Giant Eagle Bond/Contract signed and attached.

☐ Sample invoice attached      ☐ Giant Eagle LTR/Contract signed and attached.

**SALLESPERSON'S AUTHORIZATION:** Emailing this form to Giant Eagle is an acceptable method of signature.

Name  Phone

\*E-Mail

**VENDOR REMARKS AND COMMENTS ( )**

### BROKER AND VENDOR MAILING INFORMATION

Broker Name ( )  Broker #

Vendor name ( )  Vendor #

\*Address 1 ( )  \*Country

Address 2  \*State

\*City  \*Zip Code

Address 3  Country

City  State  Zip Code

### VENDOR CONTACT INFORMATION

**Public Contact**

Name

Phone

Fax

Email

**Customer Service**

**Billing/BTC Contact**

Name

Phone

Fax

Email

### Shipping Information

**Shipping Information**

\*Amount  %

\*Term days

\*Cash Discount

Payment Due Days

\*Mileage

\*Load Bill Increment ( \$ )

\*Order Load Days

\*Days

\*Week

\*Day

\*Month

\*Year

\*Amount

\*Acct #

\*Pay Amt Type

\*Warehouse

\*Warehouse

\*Address

\*City

\*State

\*Zip Code

\*Country

\*Day

\*Month

\*Year

\*Amount

\*Acct #

\*Pay Amt Type

\*Warehouse

\*Warehouse

\*Address

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\*Pay Amt Type

\*Warehouse

\*Warehouse

\*Address

\*City

\*State

\*Zip Code

\*Country

\*Day

\*Month

\*Year

\*Amount

\*Acct #

\*Pay Amt Type

\*Warehouse

\*Warehouse


\*Address

\*City

To the right of that is information that helps the Giant Eagle buyer complete efficient orders.

# New Vendor Form

## Truck Building Brackets



**Giant Eagle New Vendor Form**

**SUPPLIER DIVERSITY PROGRAM**  
Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Data tab at the bottom of the page for detailed definitions for each listed diversity.

**Program Type:** (Select all that apply)  
 Select One: Small Business (SB)      Select One: Small Disadvantaged Business (SDB)  
 Select One: 8(a) Business      Select One: HUB Zone  
 Select One: Minority-Owned Business Enterprise (MBE)      Select One: Women-Owned Small Business (WOSB)  
 Select One: Veteran-Owned Small Business (VOSB)      Select One: Service Disabled Veteran-Owned Small Business (SDVOSB)  
 Select One: Lesbian, Gay, Bisexual, Transgender Business (LGBT)  
 Certifications: *Available* (Select all that apply)  
 Select One: NA      Select One: HUB Zone      Select One: MBEV      Select One: LGBT  
 Select One: VOSB      Select One: SDVOSB      Select One: LOBT      Other: \_\_\_\_\_

**SIGNED DOCUMENT CHECK:** Ensure that you provide signed copies of these documents when you submit this form.  
 Select One: \*Certificate of Insurance      Select One: Giant Eagle Build Contract signed and attached  
 Select One: \*Sample Invoice attached      Select One: Giant Eagle LTR Contract signed and attached

**SALSPERSON'S AUTHORIZATION:** Emailing this form to Giant Eagle is an acceptable method of signature.  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**VENDOR REMARKS AND COMMENTS ( )**

**BROKER AND VENDOR MAILING INFORMATION**

Broker Name ( ) \_\_\_\_\_ Broker # \_\_\_\_\_  
 \*Vendor Name \_\_\_\_\_ Vendor # ( ) \_\_\_\_\_  
 \*Address 1 ( ) \_\_\_\_\_ \*Country \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_  
 \*Country \_\_\_\_\_  
 Address 3 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**VENDOR CONTACT INFORMATION**

Main Contact	Customer Service	Billing/PO Contact
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____
Email _____	Email _____	Email _____

**Giant Eagle New Vendor Form**

**TERMS**  
 \*Amount: \_\_\_\_\_ %      \*Lead Time Type: \_\_\_\_\_  
 \*Term days: \_\_\_\_\_      \*Transportation Mode: \_\_\_\_\_  
 \*Cash Discount: \_\_\_\_\_      \*Lead Build Increment ( ) \_\_\_\_\_  
 Payment Due Day: \_\_\_\_\_      \*Order Lead Time: \_\_\_\_\_  
 \*Quote # \_\_\_\_\_      \*Tag Type: \_\_\_\_\_

**LOAD BUILDING BRACKETS**

Bracket	Min Qty	Type	Small	Amount
*Event	_____	Select One	_____	_____
*Second	_____	Select One	_____	_____

\*Unit Amt Type ( ) \_\_\_\_\_

**Address**  
 \*City \_\_\_\_\_ \*Zip Code \_\_\_\_\_ \*Tip Route \_\_\_\_\_  
 \*State \_\_\_\_\_ \*Latitude \_\_\_\_\_ \*Longitude \_\_\_\_\_  
 \*Name \_\_\_\_\_ \*Sub Route \_\_\_\_\_ \*Vehicle Type \_\_\_\_\_ \*Vehicle Size \_\_\_\_\_

**\*ORDER DAYS ( )**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____	_____

**Giant Eagle Use Only**  
 \*One Received: \_\_\_\_\_  
 \*Cart Map: \_\_\_\_\_  
 \*Drop: \_\_\_\_\_  
 Select One: Brand \_\_\_\_\_ Name: \_\_\_\_\_ Select One: Giant Eagle  
 Check off one each: Select One: Market District \_\_\_\_\_ Select One: Region's Budget \_\_\_\_\_  
 PO Remarks: Max 30 characters per line      \*Facility \_\_\_\_\_ \*What \_\_\_\_\_ Vendor Type \_\_\_\_\_  
 \*Greenery Select One \_\_\_\_\_ \*SPS Select One \_\_\_\_\_  
 \*HSC Select One \_\_\_\_\_ \*Covers Select One \_\_\_\_\_

**CUSTOMER MAILING REMARKS AND COMMENTS**

**SPONSORSHIP**


*APR	*H2 Entry	Date	Initials	*Request AP #	Date	Initials
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Be sure to complete both sides of form.

In the Load Building Brackets section, enter your preferred method of truck building, including a minimum and maximum number of load type. Examples of load type are gross weight, dollars, or pallets. You may have two brackets.

# New Vendor Form


## Swell Allowance

	<b>Giant Eagle New Vendor Form</b>				
	<b>Giant Eagle New Vendor Form</b>				
<p><b>SUPPLIER OVERSIGHT PROGRAM</b>          Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the appropriate classification. Please refer to the Diversity/Debt table at the bottom of this page for detailed definitions for each status diversity.</p>					
<p><b>Program Type</b> (Select one)  <input type="checkbox"/> <b>Small Business (SB)</b>  <input type="checkbox"/> <b>High Business</b>  <input type="checkbox"/> <b>Minority-Owned Business Enterprise (MBOE)</b>  <input type="checkbox"/> <b>Veteran-Owned Small Business (VOSB)</b>  <input type="checkbox"/> <b>Lesbian, Gay, Bi-Sexual, Transgender Business (LGST)</b>  <input type="checkbox"/> <b>Latino/a American</b> (select at least one app.)  <input type="checkbox"/> <b>Disadvantaged</b> (select one)  <input type="checkbox"/> <b>WOSB (F)</b> <input type="checkbox"/> <b>SWOSB</b></p>	<p><input type="checkbox"/> <b>Small Disadvantaged Business (SDB)</b>  <input type="checkbox"/> <b>4182B True</b>  <input type="checkbox"/> <b>Woman-Owned Small Business (WOSB)</b>  <input type="checkbox"/> <b>Service Disabled Veteran-Owned Small Business (SDVOSB)</b>  <input type="checkbox"/> <b>LGST</b>  <input type="checkbox"/> <b>WOSB (F)</b> <input type="checkbox"/> <b>SWOSB</b>  <input type="checkbox"/> <b>WOSB (F)</b> <input type="checkbox"/> <b>SWOSB</b>  <input type="checkbox"/> <b>WOSB (F)</b> <input type="checkbox"/> <b>SWOSB</b></p>	<p><input type="checkbox"/> <b>Latino/a American</b> (select at least one app.)  <input type="checkbox"/> <b>Disadvantaged</b> (select one)  <input type="checkbox"/> <b>WOSB (F)</b> <input type="checkbox"/> <b>SWOSB</b>  <input type="checkbox"/> <b>WOSB (F)</b> <input type="checkbox"/> <b>SWOSB</b>  <input type="checkbox"/> <b>WOSB (F)</b> <input type="checkbox"/> <b>SWOSB</b></p>			
<p><b>SIGNED DOCUMENT CHECK</b> Ensure that you provide signed copies of these documents when you submit this form.  <input type="checkbox"/> <b>"Certificate of insurance"</b> <input type="checkbox"/> <b>Giant Eagle Fuel Contract signed and attached.</b>  <input type="checkbox"/> <b>"Sample invoice attached"</b> <input type="checkbox"/> <b>Giant Eagle LTR Contract signed and attached.</b></p>					
<p><b>SALES/PROMOTION AUTHORIZATION</b> Emailing this form to Giant Eagle is an acceptable method of signature.          *Name _____ *Phone _____</p>					
<p><b>*E-MAIL</b>          VENDOR REMARKS AND COMMENTS (1)</p>					
<p><b>BROKER AND VENDOR MAILING INFORMATION</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Broker Name (1)</b> _____  <b>*Vendor Name</b> _____  <b>Address (1)</b> _____  <b>*City</b> _____  <b>Unit Address (1)</b> _____  <b>Address (1)</b> _____  <b>City</b> _____  <b>State</b> _____  <b>Zip Code</b> _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Broker #</b> _____  <b>Vendor # (1)</b> _____  <b>*Country</b> _____  <b>*State</b> _____  <b>*Zip Code</b> _____  <b>Country</b> _____  <b>State</b> _____  <b>Zip Code</b> _____</p> </td> </tr> </table>			<p><b>Broker Name (1)</b> _____  <b>*Vendor Name</b> _____  <b>Address (1)</b> _____  <b>*City</b> _____  <b>Unit Address (1)</b> _____  <b>Address (1)</b> _____  <b>City</b> _____  <b>State</b> _____  <b>Zip Code</b> _____</p>	<p><b>Broker #</b> _____  <b>Vendor # (1)</b> _____  <b>*Country</b> _____  <b>*State</b> _____  <b>*Zip Code</b> _____  <b>Country</b> _____  <b>State</b> _____  <b>Zip Code</b> _____</p>	
<p><b>Broker Name (1)</b> _____  <b>*Vendor Name</b> _____  <b>Address (1)</b> _____  <b>*City</b> _____  <b>Unit Address (1)</b> _____  <b>Address (1)</b> _____  <b>City</b> _____  <b>State</b> _____  <b>Zip Code</b> _____</p>	<p><b>Broker #</b> _____  <b>Vendor # (1)</b> _____  <b>*Country</b> _____  <b>*State</b> _____  <b>*Zip Code</b> _____  <b>Country</b> _____  <b>State</b> _____  <b>Zip Code</b> _____</p>				
<p><b>VENDOR CONTACT INFORMATION</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><b>*Sales Executive</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>Customer Service</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>Billing/EDI Contact</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p> </td> </tr> </table>			<p><b>*Sales Executive</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p>	<p><b>Customer Service</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p>	<p><b>Billing/EDI Contact</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p>
<p><b>*Sales Executive</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p>	<p><b>Customer Service</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p>	<p><b>Billing/EDI Contact</b> _____  <b>Name</b> _____  <b>Phone</b> _____  <b>Fax</b> _____  <b>Email</b> _____</p>			
<p><b>BE SURE TO COMPLETE BOTH SIDES OF FORM.</b></p>					

If you offer a Swell allowance, enter the amount. Ensure that you indicate if it is by percent or dollars.

# New Vendor Form

## Pickup Point Locations (Shipping Points)



**Giant Eagle New Vendor Form**

**SUPPLIER DIVERSITY PROGRAM**  
Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Data tab at the bottom of the page for detailed definitions for each listed diversity.

**Program Type:** (Select all that apply)  
 Select One: Small Business (SB)    Select One: Small Disadvantaged Business (SDB)  
 Select One: 8(a) Business    Select One: HUB Zone  
 Select One: Minority-Owned Business Enterprise (MBE)    Select One: Women-Owned Small Business (WOSB)  
 Select One: Veteran-Owned Small Business (VOSB)    Select One: Service Disabled Veteran-Owned Small Business (SDVOSB)  
 Select One: Lesbian, Gay, Bisexual, Transgender Business (LGBT)  
 Certifications: **Available:** (Select all that apply)  
 Select One: N/A    Select One: HUB Zone    Select One: MBE/V  
 Select One: VOSB/E    Select One: SDVOSB    Select One: LOBT (I)    Select One: Other

**SIGNED DOCUMENT CHECK:** Ensure that you provide signed copies of these documents when you submit this form.  
 Select One: \*Certificate of Insurance    Select One: Giant Eagle Build Contract signed and attached  
 Select One: \*Sample Invoice attached    Select One: Giant Eagle LTR Contract signed and attached

**SALESPERSON'S AUTHORIZATION:** Emailing this form to Giant Eagle is an acceptable method of signature.  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**VENDOR REMARKS AND COMMENTS (I):**

**BROKER AND VENDOR MAILING INFORMATION**

Broker Name (I): \_\_\_\_\_ Broker # \_\_\_\_\_  
 \*Vendor Name: \_\_\_\_\_ Vendor # (I): \_\_\_\_\_  
 \*Address 1 (I): \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
 Address 3: \_\_\_\_\_ Country: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**VENDOR CONTACT INFORMATION**

Main Contact	Customer Service	Billing/PO Contact
Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____

**Giant Eagle New Vendor Form**

**TERMS**  
 \*Amount: \_\_\_\_\_ %    \*Lead Limit Type: **Select One:** \_\_\_\_\_  
 \*Term days: \_\_\_\_\_    \*Transportation Mode: **Select One:** \_\_\_\_\_  
 \*Cash Discount: **Select One:** \_\_\_\_\_    \*Lead Build Increment (I): **Select One:** \_\_\_\_\_  
 Payment Due Day: \_\_\_\_\_    \*Order Lead Type: **Select One:** \_\_\_\_\_  
 \*Quote # \_\_\_\_\_    \*Tag Day: \_\_\_\_\_

**Lead Building Schedule (I)**  
 \*Week: \_\_\_\_\_ \*Max City: \_\_\_\_\_ \*Type: \_\_\_\_\_ \*Amount: \_\_\_\_\_  
 \*Select One: \_\_\_\_\_    \*Select One: \_\_\_\_\_    \*N/A: \_\_\_\_\_    \*Select One: \_\_\_\_\_  
 \*Select One: \_\_\_\_\_    \*Put And Date (I): \_\_\_\_\_    \*Select One: \_\_\_\_\_

**PICKUP POINTS (I)**  
 \*Warehouse: \_\_\_\_\_ \*Warehouse: \_\_\_\_\_  
 \*Address: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
 \*State: \_\_\_\_\_ \*Country: \_\_\_\_\_  
 \*Name: \_\_\_\_\_ \*Subsidiary: \_\_\_\_\_ \*Select Line: \_\_\_\_\_ \*Warehouse: \_\_\_\_\_

**VENDOR DATA (I)**  
 \*Sunday: \_\_\_\_\_ \*Monday: \_\_\_\_\_ \*Tuesday: \_\_\_\_\_ \*Wednesday: \_\_\_\_\_ \*Thursday: \_\_\_\_\_ \*Friday: \_\_\_\_\_ \*Saturday: \_\_\_\_\_  
 \*Select One: \_\_\_\_\_    \*Select One: \_\_\_\_\_    \*Select One: \_\_\_\_\_    \*Select One: \_\_\_\_\_    \*Select One: \_\_\_\_\_    \*Select One: \_\_\_\_\_

**GIANT EAGLE USE ONLY**  
 \*One Received: \_\_\_\_\_ \*Deadline for Data Entry: \_\_\_\_\_  
 \*Cart Map: \_\_\_\_\_ \*Cart Map: \_\_\_\_\_  
 \*Drop: \_\_\_\_\_ \*Drop: \_\_\_\_\_  
 \*Select One: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*Select One: \_\_\_\_\_  
 \*Check off or mark: \_\_\_\_\_ \*Market District: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*Select One: \_\_\_\_\_  
 PO Remarks: Max 30 characters per line    \*Facility: \_\_\_\_\_ \*What: \_\_\_\_\_ Vendor Type: \_\_\_\_\_  
 \*Greenery: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*SPS: \_\_\_\_\_  
 \*HSC: \_\_\_\_\_ \*Select One: \_\_\_\_\_ \*Covers: \_\_\_\_\_

**CUSTOMER MAILING REMARKS AND COMMENTS**

**SIGNATURE**  
 \*APR: \_\_\_\_\_ \*HSC Entry: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 \*HSC Entry: \_\_\_\_\_ \*Request AP #: \_\_\_\_\_ \*HSC Entry: \_\_\_\_\_ \*Request AP #: \_\_\_\_\_  
 \*HSC Entry: \_\_\_\_\_ \*Request AP #: \_\_\_\_\_ \*HSC Entry: \_\_\_\_\_ \*Request AP #: \_\_\_\_\_

Be sure to complete both sides of form.

Pickup Points are often called Shipping Points. This is the physical address of your warehouse location. Once your vendor account is setup at Giant Eagle, our Logistics Department will contact you about setting up freight deals, such as backhaul and third-party haulers.



# New Vendor Form

## Order Days

GIANT EAGLE										Giant Eagle Vendor form									
<b>SUPPLIER DIVERSITY PROGRAM</b>																			
<p>Giant Eagle welcomes small, disadvantaged businesses to provide products for distribution to our customers. If your company meets any of these criteria, please indicate the applicable classification. Please refer to the Diversity Data tab at the bottom of the page for detailed definitions for each stated diversity.</p>																			
<b>(Program Type - Select all that apply)</b> Select One Small Business (SB) Select One R/B Business Select One Minority-Owned Business Enterprise (MBE) Select One Veteran-Owned Small Business (VOSB) Select One Lesbian, Gay, Bisexual, Transgender Business (LGBTB)										Select One Small Disadvantaged Business (SDB) Select One H/WB Town Select One Women-Owned Small Business (WOSB) Select One Service Disabled Veteran-Owned Small Business (SDVOSB) Select One LGBT									
<b>Certifications Attached:</b> (select one or more) Select One HAC Select One ISO9001 Select One VQO9001										Select One HAC/HAC Town Select One ISO9001 Select One ISO9001 Town Select One ISO9001 Town									
<b>SIGNED DOCUMENT CHECK:</b> Ensure that you provide signed copies of these documents when you submit this form. Select One "Certificate of Insurance" Select One "Sample invoice attached" Select One Giant Eagle LTR Contract signed and attached.																			
<b>SALES/PROMOTIONS AUTHORIZATION:</b> Emailing this form to Giant Eagle is an acceptable method of signature. *Name _____ *Title _____ *E-Mail _____																			
<b>VENDOR REMARKS AND COMMENTS (I)</b>   																			
<b>BROKER AND VENDOR MAILING INFORMATION</b>																			
<b>Broker Name (I)</b> *Vendor name _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip Code _____ Country _____ Phone _____ Fax _____										Broker # _____ *Country _____ *State _____ *Zip Code _____ Billing/RTD's Contact _____									
<b>VENDOR CONTACT INFORMATION</b> Sales Contact _____ Customer Service _____ Billing/RTD's Contact _____																			
<b>ORDER DAYS (I)</b> Sunday Monday Tuesday Wednesday Thursday Friday Saturday Order Order Order Order Order Order Order																			
<b>DAY OF WEEK ONLY</b> *Date Received _____ *Cat Map From _____ *From _____ Select One Brand Select One Home Select One Giant Eagle Check off all work Market District Select One Nature's Basket PO Remarks: Max 30 characters per line *Facility *Type Greenery Selection SPS Select One ABC Select One Crossdock Select One																			
<b>CATEGORY MANAGER'S COMMENTS</b>   																			
<b>SYSTEM ENTRY</b> *APR _____ Date _____ Initialed _____ *BY Entry _____ *Request AP # _____ *SP Entry _____ *Locality Logistics _____ *Entry Entry _____ *Entry Entry _____																			
Be sure to complete BOTH sides of form.																			

In the Order Days section, indicate on which days you will accept product orders from Giant Eagle.



## New Vendor Form

### What's Next?

- ✓ Review form for completeness and accuracy

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Review the form for completeness and accuracy. We can't emphasize enough how focused we are on using quality data as the backbone of our information systems. Good information from you will help expedite our orders and payments.

## New Vendor Form

### What's Next?

- ✓ Review form for completeness and accuracy
- ✓ E-mail form and all supplemental documentation to your Giant Eagle Category Team Member

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Ensure that all your supporting documents are complete and included in the e-mail; that's the Certificate of Insurance and sample invoice as a minimum.

## New Vendor Form

### Questions and Concerns

- Questions
  - Giant Eagle Category Team Member
  - [Market Partners](https://marketpartners.gianteagle.com) website  
<https://marketpartners.gianteagle.com>

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If you have any questions about completing this form or the application process, contact your Giant Eagle Category Team Member. You can also access our Market Partners website for current information. Thank you for your attention and we look forward to working with you.

## New Vendor Form

