

Date: _____

Shopko Vendor Setup Form

Retek/ WLKR Vendor # _____
(10 digits)

Vendor Name: _____(30)
Buyer Name: _____ Ext.: _____(4) Email _____
Category Manager Approval Signature: _____
DVP Approval Signature: _____
Inventory Manager Signature: _____

Vendor Types

New vendor Additional ID for existing Vendor # * C-HUB * SBT Consignment Import Domestic
* Validate all information on Setup Form for Vendor information

Pay-to Information

Pay-to Name: _____(30)
Address: _____(30)
City _____(20)
State: _____(3) Zip: _____(10)
Phone: _____(13) Fax: _____(13)

Payment Terms

Payment Terms: _____ New Store Payment Terms: _____
Service all stores? YES NO RN/WPL# (if applicable): _____
 Standard Case Pack Mixed Case Pack

Order Information (n/a if C-hub vendor only)
(see definition key below for this section)

Process Days (# of days): _____ Intransit Days: De Pere, WI DC _____ Omaha, NE DC _____ Boise, ID DC _____
Does your facility pick and ship on: Sat Sun
Does your carrier pick and ship on (prepaid only): Sat Sun Expected Lead Time (Longest DC Intransit Days): _____
What is your Minimum Order Quantity? (MOQ) Select one only
Minimum Order Type: Units US \$ Cube Case Weight Pallet Truckload
Minimum Order Quantity (MOQ) Amount: _____(8) (If truckload is minimum order type, MOQ amount must be 1)
MOQ amount applied to: Total order Each location (ship to location)

If your MOQ is truckload you must follow these defaults or indicate your unique measurements

Truck UOM	Default Truck Size Min/Max	Enter Truck Size Min/Max If Different From Default
Cube	3,100 – 3,300	_____ - _____
Weight	42,000 – 44,000	_____ - _____
Pallets	26 – 26	_____ - _____

What UOM measure do you typically use to fill a truck (check one only)

Cube Weight Pallets

Process Days	The number of work days required to have the order processed, picked and staged at your DC, ready for shipment. Shopko expects that all vendors will be capable of processing orders within 3 days.
Intransit Days	Intransit time is the number of work days required to move the product from your DC to Shopko DC
Does your facility pick and ship on	If Sat or Sun checked then these days will be included in the Process Days as work days
Does your carrier pick up and ship on (prepaid only)	If Sat or Sun checked then these days will be included in the Intransit Days as work days

Freight Information

Freight Terms: Prepaid Collect C-HUB
FOB Code: _____(2) FOB Location: _____
City: _____(20) State: _____(3) Zip: _____ - _____(10) Country: _____(3)

Customer Return Merchandise Vendor Information - SHOPKO DEFECTIVE RETURN MERCHANDISE POLICY

1. Return Policy: Request RA (Return Merchandise to Vendor) or Def. Allow. _____%
2. Return Consolidation Charge: 10%Consolidation Charge
3. Return Freight Policy: Freight In/Out or Freight In/Collect

Product Return Vendor General Comments (750) characters maximum)

Vendor Information – PRINCIPAL *

Mr. Mrs. Ms.

Address: _____

City: _____

State: _____ Zip: _____ -- _____ Country: _____

Title: _____

Phone: _____ Ext: _____ Fax: _____

E-Mail: _____

Create Mailing Labels yes no

* Owner, CEO/President of Company

Vendor Address Information - CORRESPONDENCE

Address: _____

City: _____

State: _____ Zip: _____ -- _____ Country: _____

Contact Name: _____

Title: _____

Phone: _____ Ext: _____ Fax: _____

E-Mail: _____

Vendor Address Information – PURCHASE ORDER (Customer Service)

Address: _____

City: _____

State: _____ Zip: _____ -- _____ Country: _____

Contact Name: _____

Title: _____

Phone: _____ Ext: _____ Fax: _____

E-Mail: _____

Vendor Address Information – Transportation (Shipping)

Address: _____

City: _____

State: _____ Zip: _____ -- _____ Country: _____

Contact Name: _____

Title: _____

Phone: _____ Ext: _____ Fax: _____

E-Mail: _____

----- Fill In Ship Point Address Information If Different Than Above Address -----

DC – DePere, WI Address: _____

City: _____ Contact Name: _____

State: _____ Zip: _____ -- _____ Country: _____ Phone: _____ Ext: _____

DC – Omaha, NE Address: _____

City: _____ Contact Name: _____

State: _____ Zip: _____ -- _____ Country: _____ Phone: _____ Ext: _____

DC – Boise, ID Address: _____

City: _____ Contact Name: _____

State: _____ Zip: _____ -- _____ Country: _____ Phone: _____ Ext: _____

Vendor Salesperson Information

Name: _____

Title: _____

Address: _____

City: _____

State: _____ Zip: _____ -- _____ Country: _____

Phone: _____ Ext: _____ Fax: _____

E-Mail: _____

Customer Merchandise Return Vendor Information

Address: _____

City: _____

State: _____ Zip: _____ -- _____ Country: _____

Contact Name: _____

Title: _____

Phone: _____ Ext: _____ Fax: _____

E-Mail: _____