

Broker Representation Change Form



Email completed forms to BrokerChanges@RetailBusinessServices.com

Send EDI questions to esupport@retailbusinessservices.com

Representation Change Information:					
List all affected Vendor #'s:					
List all affected Brands:					
List all affected Categories:					
Banner DC Information Circle the affected Banners and Select (x) the affected DC location					
Food Lion	DC 04	DC 07	DC 09		
	DC 10	DC 20	DC 30		
Hannaford	DC 01	DC 02	DC 03		
Vendor Information Contact Category Team with Vendor # questions					
Vendor Name:					
Vendor Contact:		Phone #:			
Vendor Corporate Address:		Email:			
Vendor Signature:					
Broker Information Contact Category Team with Broker questions					
Effective Date:		Headquarter Call:		Retail Representation:	
New Broker Name:		New Broker #:			
Broker Contact:		Phone #:			
Broker (Customer Service):		Phone #:			
Broker Corporate Address:		Email:			
Broker Signature:					
Information forwarded to Ahold Delhaize USA:					
Current PO Transmission Type:	EDI or Fax	Fax # :		Sent to:	Vendor or Broker
Future PO Transmission Type:	EDI or Fax	Fax # :		Sent to:	Vendor or Broker
Current Continuous Replenishment Program / Vendor Managed Replenishment Customer?	Yes No	New CRP / VMRS Setup?	Yes No	Direct or Broker	
EDI Technical Contact Name:		Email:		Phone:	