**Direct Store Delivery NEX Set-Up Request**

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| --- |
| **EDI / NEX Information** |
| Your Company Name:  |
| Coordinator / Business Contact Name:  |
| Mailing Address:  |
| Phone:  | Fax:  |
| Email:  |
| **EDI / NEX Identification Codes** |
| Your Save Mart Vendor Number:  |
| ISA & Qual & GS ID’s:  | DUNS ID:  |
| **EDI / NEX Status (select one)** |
| [ ]  Ready to transmit NEX invoices. Currently implementing NEX transmissions with  |
| [ ]  Will be ready to transmit on (date):  |
| [ ]  Testing NEX with Save Mart Supermarkets.  |
| [ ]  Planning to test NEX transmissions on (date): with  |
| [ ]  No current plans. Will begin testing NEX transmissions with Save Mart on (date):  |
| **EDI / NEX - Other Information** |
| **Communication Method:**  |
|   |
|   |
|   |
| You use NEX information for (check all that apply):[ ]  Doing business with Save Mart Supermarkets only[ ]  Doing business with other entities[ ]  Your company’s accounting purposes[ ]  Other (please explain):  |

 **Save Mart Supermarkets DUNS: 007874480 - NEX G82 Location Code = Save Mart Store Number**

**Save Mart Supermarkets Comm ID: ISA: 30 / 941245496 GS: 941245496 – Liaison VAN or AS2 Available**

**Save Mart utilizes NEX 894 Standard UCS 5010 Format**

**For assistance during testing process please contact:**

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