**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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