## Broker Representation Change Form

**List all affected Vendor #'s:**
- DC 04
- DC 07
- DC 09
- DC 10
- DC 20
- DC 30
- DC 01
- DC 02
- DC 03

**Vendor Name:**

**Vendor Contact:**

**Vendor Corporate Address:**

**Vendor Signature:**

**Effective Date:**

**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
- Fax

#### Future PO Transmission Type:
- EDI
- Fax

#### 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:**

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**Updated:** 1/10/2019

**BrokerChangeFormTemplate**