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DSD REPLENISHMENT PROGRAMS

For Vendors proposing to replenish stores under the following programs – please complete and return form.

Vendor Name: _____ **Vendor No.** _____.

Please indicate program proposed and provide overview literature of the system and process:

- Vendor Managed Inventory (VMI)
- Scan-Based Trading (SBT)
- Co-Managed/ Data-sharing store level

Please respond to the following questions:

1. How many years of experience do you have replenishing under the above designated program?

2. What system software will be utilized to manage replenishment (describe)?

3. Will this be supported with in-house systems and staff or outside resources?

4. Does your system require proprietary file interfaces from Retailer and/or is EDI file exchange supported?

5. Please indicate the business and technical contacts supporting system.

Business: Name _____ Phone: _____ Email: _____
Technical: Name: _____ Phone: _____ Email: _____

6. What is the normal lead-time to set up and configure all systems and support for your program?

7. Comments:

Please forward all details and information regarding the components and operation of your DSD replenishment program for review and evaluation along with this form to Rite Aid EDI Services Department. at edi@riteaid.com . If an SSAE 16 report is available please forward as well. This will be reviewed with the Category Management Department.