

UNFI GDSN TRADING PARTNER FORM

| | |
|---|--|
| Your Company's Name * | |
| Your 13-Digit GDSN Information Provider GLN * | |
| Name of your GDSN Solution Provider * | |
| Data Pool utilized by your Solution Provider | |
| Additional Comments / GLNs / Company Names | |

GDSN Technical Contact (Primary)

| | |
|-----------------------------|--|
| Name * | |
| Title * | |
| Email Address * | |
| Phone Number (###-###-####) | |

Business Contact (Secondary)

| | |
|-----------------------------|--|
| Name * | |
| Title * | |
| Email Address * | |
| Phone Number (###-###-####) | |

Sales Contact

| | |
|-----------------------------|--|
| Name * | |
| Title * | |
| Email Address * | |
| Phone Number (###-###-####) | |

* required field