



ELECTRONIC DATA INTERCHANGE (EDI) FORM

Please complete all the required fields marked with an asterisk (*) before you submit the form. Thank you.

| | | | | | |
|-------------|---------|--|----------------|--|--|
| TYPE | New | | SERVICE | LTL/TL (Freight) | |
| | Revised | | | Commerce Solutions (Sameday Worldwide) | |

MAIN ACCOUNT, LOCATIONS, LOGISTICS, AND CONTACT INFORMATION

| | | | | | | | |
|---------------------|--|-----------------|--|---------------------------|--|-----------------|--|
| Main Account | | | | Logistics Provider | | | |
| *Account # | | | | Account # | | | |
| *Company Name | | | | Company Name | | | |
| Address | | | | Address | | | |
| City | | | | City | | | |
| Province / State | | Postal/ZIP Code | | Province / State | | Postal/ZIP Code | |
| Contact Name | | | | Contact Name | | | |
| Tel. | | Fax. | | Tel. | | Fax | |
| Email | | | | Email | | | |

ADDITIONAL LOCATIONS – Indicate Account # or Name & Address

| | | | | | | | |
|--|--|--|--|------------------------------|--|-----|--|
| | | | | EDI technical Contact | | | |
| | | | | *Developer Name | | | |
| | | | | Title | | | |
| | | | | Tel. | | Fax | |
| | | | | Email | | | |

| | | |
|---------------|--------------|--------------|
| Payment House | Company Name | Contact Name |
|---------------|--------------|--------------|

TRANSACTION SETS - ANSI X12, Version 4010 (check the appropriate boxes)

| | | | |
|--|--|---|--|
| DAY & ROSS TO PROVIDE SPECS | | CUSTOMER TO PROVIDE SPECS | |
| 204 Load Tender - Inbound - Day & Ross Receives | | 204 Load Tender - Inbound - Day & Ross Receives | |
| 211 Bill of Lading - Inbound - Day & Ross Receives | | 211 Bill of Lading - Inbound - Day & Ross Receives | |
| 210 Invoice - Outbound - Day & Ross Sends | | 210 Invoice - Outbound - Day & Ross Sends | |
| 214 Shipments Status - Outbound - Day & Ross Sends | | 214 Shipments Status - Outbound - Day & Ross Sends | |
| 997 Acknowledgement 210, 211 & 214 | | 820 Payment/Remittance Advice - Inbound - Day & Ross Receives | |
| 990 Acknowledgement/Accept-Reject 204 | | 824 Rejection Advice | |

COMMUNICATION METHODS (check the appropriate boxes)

| | | | |
|--|--|------|--|
| AS2 <i>*There is a billable charge for setting up AS2</i> | | SFTP | |
|--|--|------|--|

If SFTP:

| | |
|------------------------------|--|
| SFTP Server ID | |
| Username | |
| Password | |
| Directories | |
| Qualifier/Sender-Receiver ID | |

AUTHORIZATION

| | | | | | |
|--|--|-------|--|---------|----|
| *Name of person completing this form | | Title | | Company | |
| Do you give authorization for your payment house to be set up on API/EDI and any other services Day & Ross offers to get backup documents? | | | | YES | NO |
| Comments | | | | Date | |