

TRADING PARTNER QUESTIONNAIRE

Company Name	
Address	
City, State, Zip	

EDI Contacts	Name	Telephone Number	E-Mail	Fax Number
Technical				
Business				
Customer Service				
Web Site				

- Your Communication Network (specify third party service name)

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Document "Pick Up" & "Delivery" Times				
Pick-Up				
Deliver				
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Time Zone	

Current EDI Standard and Version	
Your ID & Qualifier	

Which transactions are	e you currently trading?	*
Purchase Order		
Invoice		
Advance Ship Notice		
Functional Acknowledgement		