

Date _____

Duns # _____

Your Company Name _____

and Address _____

PART A

Your Receiving Bank Name _____

Your Receiving Bank Address _____

Your Account Number _____

Your Receiving Bank's _____

Routing Number (ABA#) or SWIFT code (if applicable)

ACH Format: CTX Checking _____ Saving _____

PART B

Persons authorized
to change this Data Sheet

Name

Signature

Phone #

PART C

REMITTANCE ADVICE

Note: Some financial institutions will provide remittance advice (details) to you for an additional fee. If you are unable to receive remittance advice from your bank, you may select one of the following methods to receive this information from us:

_____ EDI [V]: Qualifier _____ Sender/Receiver ID _____ Van _____ IBM acct _____ User ID _____

_____ FAX [F] Fax number _____ Contact name _____

_____ Email [E] Email address _____ Contact phone # _____

NEXCOM 820 specifications can be found on our web site: www.navy-nex.com

Qualifier: 08 Sender/Receiver ID: 9252671859 VAN: QRS IBM Global Acct: R0654 User ID: R0654ED

Registration Acknowledgment

I hereby acknowledge that the information provided is current, accurate and complete as of the date of this submission.

Print Name

Telephone No.

Date

Signature