

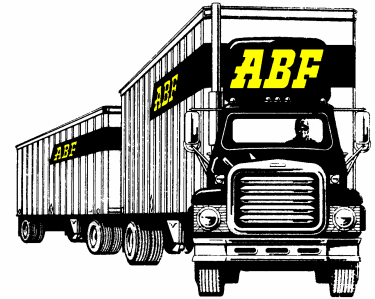


210 SURVEY FORM

Customer Information

Name: _____
 Address: _____

 Web Site: _____
 Freight Payment Agency: _____



EDI Contact

Name: _____
 Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Name: _____
 Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Name: _____
 Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Name: _____
 Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Accounts Payable / Business Contact

Name: _____
 Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Name: _____
 Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Name: _____
 Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Name: _____
 Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____



210 Information

- **Shipping locations* with ABF:**
 - Global (all locations)
 - Specify locations: _____
 - _____
 - _____
 - Attached location list

** To receive freight invoices electronically instead of paper manual process*

- **Type of freight invoices:**
 - Prepaid / Outbound bills only
 - Collect / Inbound bills only
 - Both Prepaid / Outbound and Collect / Inbound only
 - Third Party bills only
 - All Prepaid / Outbound and Collect / Inbound and Third-Party bills
 - Bills moving to/from Canada
 - Corrected Invoices
 - Balance Due Invoices
 - Special Contract Rated Invoices (Timekeeper®, Volume, etc.)

- **Bill of Lading or Purchase Order Number Requirements:**
 List requirements and other vital information (i.e. Bill of Lading always 6 numeric): _____

- **TDCC / ANSI 210 Version:** _____

- **997 Acknowledgment:**
 - Yes
 - No

- **EDI Envelope:**
 - ISA07: _____
 - ISA08: _____
 - BG02: _____
 - BG04: _____
 - GS03: _____

- **Third Party Networks for EDI Applications:**
 - Kleinschmidt
 - Sterling Commerce
 - Transsettlements
 - Other: _____

OR

- **Direct data transfer via ftp** _____
 - IP address: _____
 - User Logon: _____
 - User Password: _____



➤ **EDI TDCC / ANSI 210 Installation Background:**

Number of Trading Partners in Production: _____
Average time (days) for Parallel Testing: _____
Target date for Production with ABF: _____

➤ **Person filling out form:**

Name: _____
Phone: _____
Date: _____

➤ **Please return form via:**

(email) fjedlicka@abf.com

-or-

(fax) (479)785-6145
ATTN: Frank Jedlicka

-or-

(mail) ABF Freight System, Inc.
Revenue Accounting 5W.10
P. O. Box 10048
Ft. Smith, AR 72917- 0048
ATTN: Frank Jedlicka