



204 SURVEY FORM Advanced Shipment Notification

Customer Information

Name: _____
Address: _____
Web Site: _____



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: _____

Traffic / 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: _____



204 Information

➤ **ABF Salesperson:** _____

➤ **Projected completion date for installation:** _____

➤ **Addresses for locations requesting 204's:**

1.	2.	3.

➤ **Network in use:** _____

➤ **204 Transmit Times:**

➤ **Type of header:** —ISA
 —BG

➤ **Header Information:**

BG02: _____	BG02: Password
BG04: _____	BG04: Receiver ID
ISA05 / 06: _____	ISA05 / 06: Qualifier / Receiver ID
GS02: _____	GS02: Receiver ID

➤ **Version of Standards:** ANSI - _____
 TDCC - _____

➤ **Procedure used to ensure freight is ready to be picked up day requested:**

➤ **Procedure used to ensure electronic bill of lading number matches printed copy:**

Y2K Information

➤ EDI applications Y2K compliant: Yes
 No

➤ If not, will be Y2K compliant by: _____

➤ Currently using version 4010: Yes
 No

➤ If not, will be using 4010 by: _____

➤ List any additional Y2K information below or attach:

➤ Person filling out form:

Name: _____
Phone: _____
Date: _____

➤ Please return form via: (mail) **ABF Freight System, Inc.**
EDI Department – 2E.02
P. O. Box 10048
Ft. Smith, AR 72917- 0048

-or-

(fax) (479) 784-8599