



820 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: _____

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: _____



820 Information

➤ Current version of TDCC / ANSI 820: _____

➤ Type of header: ISA
 BG

➤ Header Information:

BG02: _____	BG02: Password
BG04: _____	BG04: Receiver ID
ISA05 / 06: _____	ISA05 / 06: Qualifier / Receiver ID
GS02: _____	GS023: Receiver ID

➤ Implementation Guide: Yes* *If yes, please provide a copy with this survey.
 No

Note: Please understand that at least one test is required before receiving 820 remittance advice information on a continual production basis.

➤ Date for test: _____

➤ Target date for production with ABF: _____

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.
C/O Bill Irvin
P. O. Box 10048
Ft. Smith, AR 72917- 0048**

-or-

(fax) (479) 785-6145