

EDI 204 Customer Acknowledgement

Please Complete this form send it as well as any other required documents to: Fax: 937.890.2724; Attention MIS/EDI Department

Email: edisetup@daytonfreight.com

** View the 204 Requirements Document**

Any questions can be directed to the MIS/EDI Department at 800.860.5102 or edisetup@daytonfreight.com.

General Information	
Company Name:	_
Third Party Name:	(Payment Agency)
EDI Contact Name:	
EDI Contact Phone #: EDI Contact Ema	ail:
Communications Profile Information	
EDI Version: (4010 + Preferred)	
Receiver ID: Qualifier:	
Communication will be done over:	
q FTP (Preferred) Dayton FTP Server Other FTP	URL:
Username:	Password:
q VAN Provider: Mailbox:	
q AS2/Other (Additional information will be requested)	
Mapping Specifications	
Mapping specifications will be sent along with this form in order to	o begin the 204 setup process.
Approximate time frame of when we can receive a 204 test file:	
Authorization	
By requesting that Dayton Freight Lines receive EDI 204's I acknowledge and the Indian Education of In	owledge that I have the authorization to make such a request.
Printed Name: Signature:	
Date:	