

EDI 214 Customer Acknowledgement

Please Complete this form send it as we Fax: 937.890.2724; Attention M Email: edisetup@daytonfreigh	MIS/EDI Department	uments to:
Any questions can be directed to the MI	IS/EDI Department at 800.86	60.5102 or edisetup@daytonfreight.com.
General Information		
Company Name:		_
Third Party Name:		(Payment Agency)
EDI Contact Name:		
EDI Contact Phone #:	EDI Contact Emai	il:
Communications Profile Information	<u>.</u>	
EDI Version: (4010 + Pr	referred)	
Receiver ID:	Qualifier:	
Communication will be done over:		
□ FTP (Preferred) ○ Dayton FT	TP Server O Other FTP U	URL:
	Username:	Password:
□ VAN Provider:	Mailbox:	
AS2/Other (Additional information	ion will be requested)	
Mapping Specifications		
		o begin the 214 setup process. Please specify the EDI status co be able to map/match all codes requested.
Acknowledgement		
EDI 214 transactions do not require an a	acknowledgement (997) fror	m customers.
Authorization		
By requesting that Dayton Freight Lines request.	s send EDI 214 transactions	I acknowledge that I have the authorization to make such a

Printed Name:	Signature:
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Date: _____