

Date: _____

EDI 820 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

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:		<u> </u>
EDI Contact Phone #:	EDI Contact Email:	
Accounting Contact Phone #:	Accounting	Contact Email:
Communications Profile Information		
EDI Version: (4010 + Prefer	rred)	
Receiver ID:	Qualifier:	
Communication will be done over:		
☐ FTP (Preferred) O Dayton FTP Se	erver O Other FTP U	RL:
	Username:	Password:
□ VAN Provider:	Mailbox:	
☐ AS2/Other (Additional information v	will be requested)	
Mapping Specifications		
Mapping specifications must be sent along verification required in the header of the data. Pro number 1		begin the 820 setup process. Check total and check number is quired in the detail of the data.
Acknowledgement		
EDI 820 transactions do not require an ackn	owledgement (997) from	customers.
Accounting Confirmation		
Contact must be made to our accounting dep 937.415.1717, or kanderson@daytonfreight		to add 820's can be received. Please contact Kelly Anderson at
Authorization		
By requesting that Dayton Freight Lines recrequest.	eive EDI 820 transactions	s I acknowledge that I have the authorization to make such a
Printed Name:	Signature:	