



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 ANSI X12 820: _____

➤ Header Information:

ISA05 / 06: _____
GS02: _____

ISA05 / 06: Qualifier / Receiver ID
GS02: 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 Freight: _____

➤ Person filling out form:

Name: _____

Phone: _____

Date: _____

➤ Please return form to edi@freight.abf.com