

204 (Load Tender) Survey Form



Please complete and return via email to EDI@abf.com or via fax to 479-494-6683.

Customer Information

Name: _____
Address: _____
_____ Web Site: _____
Account Number(s): _____

EDI/IT Contact

Name: _____
Title: _____
Phone: _____
Fax: _____
E-mail: _____

Name: _____
Title: _____
Phone: _____
Fax: _____
E-mail: _____

Traffic/Business Contact

Name: _____
Title: _____
Phone: _____
Fax: _____
E-mail: _____

Name: _____
Title: _____
Phone: _____
Fax: _____
E-mail: _____



Freight Information

Locations Requested: All Locations
Specific Locations (Please indicate below or attach listing)*

*Specify Address of Specific Locations: _____

Freight Types: Inbound
Outbound
Third Party

Communication Information

204 Data Purpose: Notification of Pickup
Billing (Electronic Bill of Lading)
Other Please Explain: _____

Method of Communication: Van
Please Specify:
Kleinschmidt
AT &T (Sterling Commerce)
Descartes (Transettlements)
E-Com Systems
Other _____

FTP
Please Specify:
IP Address: _____
User Logon: _____
User Password: _____

Version Requested: _____

Do we need to send 997s in response? Yes No

Can we be setup on auto accept? Yes No

Do we need to send 990s in response? Yes No

Header Information: ISA05/06 _____
GS02 _____



Frequency:

- Every _____ Minutes
- Every _____ Hours
- Immediately when entered into system
- Once a day at _____
- Other
- Please Explain: _____

Operational Information

- Will shipper require call to confirm pickup?** Yes
No
- Will the earliest ready time be provided?** Yes
If so where (segment/qualifier)? _____
No
- Will the close time be provided?** Yes
If so where (segment/qualifier)? _____
No

Person Filling Out This Form

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____